

<i>SERFF Tracking Number:</i>	<i>AMFA-126857897</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>47223</i>
<i>Company Tracking Number:</i>	<i>3013-3015</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>3013-3015</i>		
<i>Project Name/Number:</i>	<i>3013-3015/3013-3015</i>		

Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: 3013-3015

TOI: L07I Individual Life - Whole

Sub-TOI: L07I.101 Fixed/Indeterminate
Premium - Single Life

Filing Type: Form

SERFF Tr Num: AMFA-126857897 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: 3013-3015

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Cindy Meyer, Pat PetersonDisposition Date: 11/09/2010

Date Submitted: 11/05/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: 05/01/2011

Implementation Date:

State Filing Description:

General Information

Project Name: 3013-3015

Project Number: 3013-3015

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/09/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 11/02/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/09/2010

Created By: Cindy Meyer

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Cindy Meyer

Filing Description:

Policies:

3013 – Whole Life Policy

3015 – Whole Life Policy

Applications:

UN 2550 PD 11-10 – Application for Insurance – Policy Details

UN 92 PD 11-10 – Application for Insurance – Policy Details

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TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
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UN 3100 11-10 – Short Form Life Application
UN 3100 AG 11-10 – Short Form Life Application – Agreement

Riders:

ADBR 11-10 AR – Accidental Death Benefit Rider
CIRWL 11-10 – Children's Insurance Rider
GIRWL 11-10 – Guaranteed Insurability Rider
LTRWL 11-10 – Level Term Rider
OYTRWL 11-10 – One-Year Term Rider
PURWL 11-10 – Paid-Up Rider
TDBRWL 11-10 – Total Disability Benefit Rider
TPULRWL 11-10 – One-Year Term and Paid-Up Life Insurance Rider
WPR 11-10 – Waiver of Premium Rider

Endorsements:

AEECWL 11-10 – Aviation Exclusion Endorsement – Civil
AEEMWL 11-10 – Aviation Exclusion Endorsement – Military
AHEWL 11-10 – Aviation Hazard Endorsement
EPEADB 11-10 – Extra Premium Endorsement for Accidental Death Benefit
EPEWL 11-10 – Extra Premium Endorsement
EPEWP 11-10 – Extra Premium Endorsement for Waiver of Premium
HOEWL 11-10 – Hazardous Occupation Endorsement
PEWL 11-10 – Pension Endorsement
REEWL 11-10 – Racing Exclusion Endorsement
UE 11-10 – Unisex Endorsement

Dear Sir/Madam:

Enclosed for your review and approval are the above referenced whole life policies and associated forms. The brief explanation and use of all forms is outlined below. We are including an Exhibit A which outlines the previously approved/pending forms that will be used with these products.

Policy 3013 – Whole Life Policy This is a new form. The policy provides benefits payable upon death or cash withdrawal and is designed with a low premium base. The issue ages are 0-90. The policy will be marketed on an individual basis and will be illustrated. There is an unrestricted market for which this product is intended.

Policy 3015 – Whole Life Policy This is a new form. The policy provides benefits payable upon death or cash

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<i>Company Tracking Number:</i>	<i>3013-3015</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>3013-3015</i>		
<i>Project Name/Number:</i>	<i>3013-3015/3013-3015</i>		

withdrawal and is designed for greater accumulation of value. The issue ages are 0-90. The policy will be marketed on an individual basis and will be illustrated. There is an unrestricted market for which this product is intended.

APPLICATIONS (The applications are made available for use with both products.)

UN 2550 PD 11-10 – Application for Insurance – Policy Details This is the policy details component page of our application, which provides the product specific information. This is a new form and will replace form 2550 PD 4-10.

Our base application is in a modular format for use with all individual life products. Each component page is by topic and has its own unique form number. These pages are put together as one complete base application for completion by the applicant. The pages that make up the complete base application to be used to apply for this product are listed on Exhibit A.

The application format is designed for our clients to be able to apply for multiple individual life products utilizing only one application. It eliminates duplicative forms and enables the same information required for all individual life products to be either (1) collected on the same form (such as personal information); or (2) provided to the client on the same form (such as agreement or authorization).

UN 92 PD 11-10 – Application for Insurance – Policy Details This is the policy details page of our Simplified Issue application, which provides the product specific information. This is a new form and will replace form 92 PD 4-10.

The application is in a modular format for use with all individual life products. Each component page is by topic and has its own unique form number. These pages are put together as one complete simplified issue application for completion by the applicant. The pages that make up the complete simplified issue application to be used with these products are listed on Exhibit A.

The application format is designed for our clients to be able to apply for multiple individual life products utilizing only one application. It eliminates duplicative forms and enables the same information required for all individual life products to be either (1) collected on the same form (such as personal information); or (2) provided to the client on the same form (such as agreement or authorization).

UN 3100 11-10 – Short Form Life Application

UN 3100 AG 11-10 – Short Form Life Application – Agreement

This is a new form and does not replace any previously approved forms. Our short form life application is our simplified issue application and is in a modular format for use with our individual life products. Each component page is by topic

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<i>Product Name:</i>	<i>3013-3015</i>		
<i>Project Name/Number:</i>	<i>3013-3015/3013-3015</i>		

and has its own unique form number. These pages are put together as one complete short form life application for completion by the applicant. All submitted pages are new and will not replace previously approved forms. The pages that make up the complete short form life application to be used with these products are listed on Exhibit A.

RIDERS (The riders are made available for use with both products unless otherwise noted.)
All riders are new forms and will not replace any previously approved forms.

ADBR 11-10 AR – Accidental Death Benefit Rider This rider allows the policy owner to select an amount to be paid (in addition to the base policy amount) upon accidental death as defined in the rider.

CIRWL 11-10 – Children’s Insurance Rider This rider provides term insurance coverage on the insured’s children from 15 days old until their 25th birthday.

GIRWL 11-10 – Guaranteed Insurability Rider This rider allows the policy owner to purchase a new policy on the life of the insured without submitting evidence of insurability.

LTRWL 11-10 – Level Term Rider This is a renewable term rider with indeterminate premium rates. The rider provides the policy owner a choice of level term periods of 10, 15, 20 or 30 years. This rider is only made available for use with policy 3013.

OYTRWL 11-10 – One-Year Term Rider This rider provides the policy owner with the opportunity to purchase coverage for temporary needs.

PURWL 11-10 – Paid-Up Rider This rider allows the policy owner to purchase increments of paid-up life insurance.

TDBRWL 11-10 – Total Disability Benefit Rider This rider provides that the benefit amount established at the time of policy issue will be credited to the policy as premiums paid during continued disability coverage.

TPULRWL 11-10 – One-Year Term and Paid-Up Life Insurance Rider This rider provides additional coverage through the annual purchase of a combination of one-year term insurance and additional amounts of permanent, paid-up whole life insurance. This rider is only made available for use with policy 3015.

WPR 11-10 – Waiver of Premium Rider This rider provides for the premium to be waived on the base policy and all riders except for any paid-up riders, and the policy to remain in force during continued disability.

ENDORSEMENTS

SERFF Tracking Number: AMFA-126857897 State: Arkansas
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Company Tracking Number: 3013-3015
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 3013-3015
Project Name/Number: 3013-3015/3013-3015

(The endorsements are made available for use with both products unless otherwise noted.)

All endorsements are new forms and will not replace any previously approved forms.

AEECWL 11-10 – Aviation Exclusion Endorsement – Civil This endorsement limits death benefit proceeds if the insured's death results from riding in or descending from any kind of aircraft as a hobby or sport.

AEMWL 11-10 – Aviation Exclusion Endorsement – Military This endorsement limits death benefit proceeds if the insured's death results from riding in or descending from any kind of aircraft by or for the military.

AHEWL 11-10 – Aviation Hazard Endorsement This endorsement is an extra premium endorsement due to an aviation hazard.

EPEADB 11-10 – Extra Premium Endorsement for Accidental Death Benefit This endorsement is an extra premium endorsement for the Accidental Death Benefit rider due to medical impairment, special hazard or hazardous occupation.

EPEWL 11-10 – Extra Premium Endorsement This endorsement is an extra premium endorsement if a change is made to the policy or if it is converted to a new policy.

EPEWP 11-10 – Extra Premium Endorsement for Waiver of Premium This endorsement is an extra premium endorsement for the Waiver of Premium rider due to medical impairment, special hazard or hazardous occupation.

HOEWL 11-10 – Hazardous Occupation Endorsement This endorsement is an extra premium endorsement due to a hazardous occupation.

PEWL 11-10 – Pension Endorsement The purpose of this endorsement is to conform the contract to IRS and ERISA requirements when used as a qualified retirement plan. This endorsement is used when the owner is a trustee of a trust described in Section 401(a) of the Internal Revenue Code. We are only making this endorsement available for use with policy 3013 at this time. However, we wish to request approval of this form for use with any other policy forms, as applicable.

REEWL 11-10 – Racing Exclusion Endorsement This endorsement limits death benefit proceeds if the insured's death results from riding, driving or participating in any type of motor vehicle racing.

UE 11-10 – Unisex Endorsement This endorsement allows the policy to be issued under situations subject to the Norris Decision or when issued as a conversion from a unisex policy. We are only making this endorsement available for use with policy 3015 at this time. However, we wish to request approval of this form for use with any other policy forms, as applicable.

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No part of our filing contains any unusual or possibly controversial items from normal company or industry standards.

Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printer's requirements. No change in language will occur, only a possible page break, or renumbering of a page.

If you should have any questions, please don't hesitate to contact me at 800-745-1112, ext. 87722, fax 402-467-7956 or email cmeyer@ameritas.com.

Company and Contact

Filing Contact Information

Cindy Meyer, Supervisor, Contract Analysts	cmeyer@ameritas.com
5900 O Street	800-745-1112 [Phone] 87722 [Ext]
P O Box 81889	402-467-7956 [FAX]
Lincoln, NE 68501-1889	

Filing Company Information

Ameritas Life Insurance Corp.	CoCode: 61301	State of Domicile: Nebraska
5900 O Street	Group Code: 943	Company Type:
P O Box 81889	Group Name:	State ID Number:
Lincoln, NE 68501-1889	FEIN Number: 47-0098400	
(800) 756-1112 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$1,250.00
Retaliatory?	No
Fee Explanation:	\$50 per form x 25 forms = \$1,250.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$1,250.00	11/05/2010	41574513

<i>SERFF Tracking Number:</i>	<i>AMFA-126857897</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>3013-3015</i>		
<i>Project Name/Number:</i>	<i>3013-3015/3013-3015</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/09/2010	11/09/2010

<i>SERFF Tracking Number:</i>	<i>AMFA-126857897</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 11/09/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMFA-126857897 State: Arkansas

Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 47223

Company Tracking Number: 3013-3015

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 3013-3015

Project Name/Number: 3013-3015/3013-3015

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statements of Variability		Yes
Supporting Document	Exhibit A - Previously Approved Forms		Yes
Form	Whole Life Policy		Yes
Form	Whole Life Policy		Yes
Form	Application for Insurance/Policy Details		Yes
Form	Application for Insurance/Policy Details		Yes
Form	Short Form Life Application		Yes
Form	Short Form Life Application/Agreement		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Children's Insurance Rider		Yes
Form	Guaranteed Insurability Rider		Yes
Form	Level Term Rider		Yes
Form	One-Term Term Rider		Yes
Form	Paid-Up Rider		Yes
Form	Total Disability Benefit Rider		Yes
Form	One-Year Term and Paid-Up Life Insurance Rider		Yes
Form	Waiver of Premium Rider		Yes
Form	Aviation Exclusion Endorsement-Civil		Yes
Form	Aviation Exclusion Endorsement-Military		Yes
Form	Aviation Hazard Endorsement		Yes
Form	Extra Premium Endorsement for Accidental Death Benefit		Yes
Form	Extra Premium Endorsement		Yes
Form	Extra Premium Endorsement for Waiver of Premium		Yes
Form	Hazardous Occupation Endorsement		Yes
Form	Pension Endorsement		Yes
Form	Racing Exclusion Endorsement		Yes
Form	Unisex Endorsement		Yes

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Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 47223

Company Tracking Number: 3013-3015

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 3013-3015

Project Name/Number: 3013-3015/3013-3015

Form Schedule

Lead Form Number: 3013

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	3013	Policy/Cont Whole Life Policy ract/Fratern al Certificate	Initial		53.000	3013.PDF
	3015	Policy/Cont Whole Life Policy ract/Fratern al Certificate	Initial		53.000	3015.PDF
	UN 2550 PD 11-10	Application/ Application for Enrollment Insurance/Policy Form Details	Revised	Replaced Form #: 2550 PD 4-10 Previous Filing #: 45683	54.000	UN 2550 PD 11-10.pdf
	UN 92 PD 11-10	Application/ Application for Enrollment Insurance/Policy Form Details	Revised	Replaced Form #: 92 PD 4-10 Previous Filing #: 45683	54.000	UN 92 11-10.pdf
	UN 3100 11-10	Application/ Short Form Life Enrollment Application Form	Initial		55.000	UN 3100 11-10.pdf
	UN 3100 AG 11-10	Application/ Short Form Life Enrollment Application/Agreeme Form nt	Initial		53.000	UN 3100 AG 11-10.pdf
	ADBR 11- 10 AR	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme	Initial		51.000	ADBR 11-10 AR.PDF

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	nt or Rider			
CIRWL 11-10	Policy/Cont Children's Insurance Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52.000	CIRWL 11-10.PDF
GIRWL 11-10	Policy/Cont Guaranteed ract/Fratern Insurability Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52.000	GIRWL 11-10.PDF
LTRWL 11-10	Policy/Cont Level Term Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52.000	LTRWL 11-10.PDF
OYTRWL 11-10	Policy/Cont One-Term Term ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51.000	OYTRWL 11-10.PDF

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PURWL 11-10	Policy/Cont Paid-Up Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50.000	PURWL 11-10.PDF
TDBRWL 11-10	Policy/Cont Total Disability ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51.000	TDBRWL 11-10.PDF
TPULRWL 11-10	Policy/Cont One-Year Term and ract/Fratern Paid-Up Life al Insurance Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52.000	TPULRWL 11-10.PDF
WPR 11-10	Policy/Cont Waiver of Premium ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52.000	WPR 11-10.PDF
AEECWL	Policy/Cont Aviation Exclusion al	Initial	56.000	AEECWL 11-

SERFF Tracking Number: AMFA-126857897 State: Arkansas
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Product Name: 3013-3015
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11-10	ract/Fratern Endorsement-Civil al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider			10.PDF
AEEMWL 11-10	Policy/Cont Aviation Exclusion ract/Fratern Endorsement-Military al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	56.000	AEEMWL 11- 10.PDF
AHEWL 11- 10	Policy/Cont Aviation Hazard ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50.000	AHEWL 11- 10.pdf
EPEADB 11-10	Policy/Cont Extra Premium ract/Fratern Endorsement for al Accidental Death Certificate: Benefit Amendmen t, Insert Page, Endorseme nt or Rider	Initial	53.000	EPEADB 11- 10.pdf
EPEWL 11- 10	Policy/Cont Extra Premium ract/Fratern Endorsement	Initial	53.000	EPEWL 11- 10.pdf

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Product Name: 3013-3015
Project Name/Number: 3013-3015/3013-3015

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	Certificate:			
	Amendmen			
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	nt or Rider			
EPEWP 11-10	Policy/Cont Extra Premium	Initial	53.000	EPEWP 11-10.pdf
	ract/Fratern Endorsement for			
	al Waiver of Premium			
	Certificate:			
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	t, Insert			
	Page,			
	Endorseme			
	nt or Rider			
HOEWL 11-10	Policy/Cont Hazardous	Initial	53.000	HOEWL 11-10.pdf
	ract/Fratern Occupation			
	al Endorsement			
	Certificate:			
	Amendmen			
	t, Insert			
	Page,			
	Endorseme			
	nt or Rider			
PEWL 11-10	Policy/Cont Pension	Initial	52.000	PEWL 11-10.PDF
	ract/Fratern Endorsement			
	al			
	Certificate:			
	Amendmen			
	t, Insert			
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	Endorseme			
	nt or Rider			
REEWL 11-10	Policy/Cont Racing Exclusion	Initial	56.000	REEWL 11-10.pdf
	ract/Fratern Endorsement			
	al			

SERFF Tracking Number:	AMFA-126857897	State:	Arkansas
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Product Name:	3013-3015
Project Name/Number:	3013-3015/3013-3015

Certificate:
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UE 11-10	Policy/Cont Unisex Endorsement Initial ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	56.000	UE 11-10.pdf
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5900 O Street
Lincoln, NE 68501

Client Service Office



[800-319-6901]
Fax: [513-595-2218]



[PO Box 40888
Cincinnati, OH 45240]

Insured: [John Doe]
Policy Number: [0123456789]

We will pay the death benefit proceeds to the beneficiary when we receive satisfactory proof of death of the *insured* while this policy is in force, subject to the terms of this policy.

LOOK AT THE APPLICATION FORMS. This policy is issued based on payment of the initial premium and the answers in the application (see copy attached). If all answers are not true and complete, this policy may be affected. If any past medical history has been omitted, please notify *us* within ten (10) days from the date this policy is delivered to *you*.

PLEASE READ THIS POLICY CAREFULLY. This policy is a legal contract between *you* and Ameritas Life Insurance Corp.

20-DAY RIGHT TO EXAMINE THIS POLICY. It is important to *us* that *you* are satisfied with this policy. *You* have 20 days to review this policy after *you* receive it. If this policy is a replacement for an existing policy *you* have 30 days to review this policy after *you* receive it. If *you* are not satisfied, *you* may send it back to *us* or give it to *our* agent. In such case, this policy will be void from the beginning. We will refund the premiums paid less partial withdrawals within 10 days after this policy is returned.

AMERITAS LIFE INSURANCE CORP.

[]

[President]

[]

[Secretary]

Whole Life Policy - Annual Dividends
Premiums Payable for Stated Period
Participating

[www.unificompanies.com]

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POLICY SCHEDULE

Policy Number:	[0123456789]
Insured:	[John Doe]
Issue Age and Gender:	[35, Male]
Owner:	[John Doe]
Policy Date:	[January 1, 2011]
Issue Date:	[January 1, 2011]
Premium Class:	[Standard Nontobacco]
Mortality Table:	2001 CSO [Male Nonsmoker] Mortality Table, age nearest birthday
Contract Rate:	4.00% Annual
Maximum Attained Age for Reinstatement:	[85]

POLICY SCHEDULE

<u>Benefit</u>	<u>Amount of Benefit</u>	<u>Duration of Premium Payments</u>	<u>Annual Premium</u>
Whole Life Payable to 98	[\$100,000.00]	for 63 years	\$1,109.00]

First Premium Payment Interval:	[Annual	\$1,109.00]
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Premium Frequency:	Modal Premium	Cumulative Annual Premium
Annual	[\$1,109.00]	\$1,109.00]
Semiannual	[\$565.84]	\$1,131.68]
Quarterly	[\$288.34]	\$1,153.36]
Monthly	[\$95.42]	\$1,145.04]

Beginning On	Total Annual Premium
[January 01, 2011	\$1,109.00]
[January 01, 2074	\$0.00]

POLICY SCHEDULE

TABLE OF POLICY VALUES

For Policy Year Ending [January 1]	Cash Values	Paid-Up Insurance	Extended Term Insurance to
[2012	\$0.00	\$0.00	-
2013	\$0.00	\$0.00	-
2014	\$700.00	\$3,100.00	March 16, 2019
2015	\$1,700.00	\$7,200.00	March 28, 2025
2016	\$2,800.00	\$11,500.00	May 02, 2030
2017	\$3,900.00	\$15,500.00	December 22, 2033
2018	\$5,100.00	\$19,500.00	February 04, 2037
2019	\$6,200.00	\$22,900.00	May 17, 2039
2020	\$7,400.00	\$26,500.00	June 03, 2041
2021	\$8,700.00	\$30,100.00	April 28, 2043
2022	\$10,000.00	\$33,400.00	January 01, 2045
2023	\$11,300.00	\$36,500.00	July 01, 2046
2024	\$12,600.00	\$39,400.00	November 1, 2047
2025	\$14,000.00	\$42,400.00	February 11, 2049
2026	\$15,400.00	\$45,100.00	March 29, 2050
2027	\$16,900.00	\$47,900.00	May 06, 2051
2028	\$18,400.00	\$50,400.00	May 05, 2052
2029	\$20,000.00	\$53,100.00	May 04, 2053
2030	\$21,500.00	\$55,300.00	March 02, 2054
2031	\$23,200.00	\$57,800.00	January 28, 2055]
At Age			
[62	\$35,200.00	\$71,000.00	December 02, 2059
65	\$40,700.00	\$75,600.00	September 16, 2061]

These figures do not include any paid-up additions, any dividend accumulations or any dividends due and unpaid. Any policy loan will decrease the amount otherwise payable.

This is a whole life insurance policy with premium payments payable as shown on the policy schedule. *We* will pay the death benefit if the *insured* dies while this policy is in force, subject to the terms of this policy.

DEFINITIONS

(Defined terms appear in italics throughout this policy.)

ATTAINED AGE. Means the issue age plus the number of completed policy years.

INSURED. Means the person shown on the policy schedule upon whose life this policy is issued.

ISSUE DATE. Means the date on which the suicide and incontestability periods begin. If *we* have received the initial premium from *you*, the *issue date* will also be the date when *you* have life insurance coverage with *us*. If *we* have not received the initial premium from *you*, *you* WILL NOT have coverage until the date on which *we* receive the initial premium from *you*.

POLICY DATE. Means the date from which policy months, years and anniversaries are measured. The *policy date* will be determined by *us* unless *you* request a different *policy date* that *we* approve. If the *issue date* is after the *policy date* or *we* have not received the initial premium from *you*, *you* WILL NOT have life insurance coverage on the *policy date*.

POLICY DEBT. Means the sum of all unpaid policy loans and accrued interest on policy loans.

WE, US, OUR. Means Ameritas Life Insurance Corp.

WRITTEN NOTICE. Means information *we* have received at the address(es) shown on the first page of this policy which is written, is signed by *you*, and is acceptable to *us*.

YOU, YOUR. Means the owner as shown on the policy schedule unless changed. The *insured* may or may not be the owner.

OWNERSHIP

OWNERSHIP. While the *insured* is living, *you* have all rights in this policy. *Your* rights will be subject to any assignment, and to the rights of any irrevocable beneficiary. If *you* die before the *insured*, the successor owner named in the application is the new owner. If there is no successor owner, then *your* estate becomes the new owner.

A change of owner may be made at any time by *written notice*. It will take effect on the date *we* receive *written notice*. Unless there are no surviving primary or contingent beneficiaries, a change of owner does not change the beneficiary.

BENEFICIARY

BENEFICIARY. The beneficiary will receive the death benefit proceeds when the *insured* dies. The primary and any contingent beneficiaries are named in the application. If no primary beneficiary is living when the *insured* dies, *we* will pay to the contingent beneficiary. If no contingent beneficiary is living when the *insured* dies, *we* will pay *you* or *your* estate.

Unless the beneficiary designation provides otherwise, *we* will follow these rules:

- (1) *We* will pay equal shares when more than one beneficiary of the same class is to share the funds.
- (2) No revocable beneficiary has rights in this policy until the *insured* dies.
- (3) An irrevocable beneficiary cannot be changed without his or her consent.
- (4) The interest of any beneficiary is subject to the rights of any assignee shown on *our* records.
- (5) When beneficiaries are not shown by name (such as "children"), *we* may find who they are from sworn statements and not wait for court records.

You may change the beneficiary at any time while the *insured* is living by *written notice*. *We* must approve any change. If approved, the change will take effect on the date the *written notice* was signed by *you*. *We* will not be liable for any payments *we* make or actions *we* take before the change is approved.

Unless otherwise provided, if any beneficiary dies within 30 days after the *insured* dies as the result of a common disaster, *we* will pay the death benefit proceeds as if that beneficiary died first.

DEATH BENEFIT

DEATH BENEFIT. *We* will pay the death benefit proceeds in a lump sum as soon as *we* receive satisfactory proof that the *insured* died while this policy was in force, and other proof that *we* may require in order to investigate the claim. *We* will include interest from the *insured's* date of death to the payment date. The rate will not be less than required by law. Full payment of the death benefit proceeds to the beneficiary discharges *us* from any and all claims.

Death benefit proceeds will equal:

- (1) the amount of insurance in force at death; plus
- (2) any additional life insurance proceeds provided by riders; plus
- (3) any additional insurance provided by paid-up additions; plus
- (4) any dividend accumulations; plus
- (5) any dividend credited at death; plus
- (6) any premium refund due; minus
- (7) any *policy debt*; minus
- (8) any unpaid premium, if death occurs during the grace period.

PREMIUMS

PAYMENT OF PREMIUM. Premiums are payable on or before their due dates. Premiums and premium due dates are stated on the policy schedule. The first premium is due on the *policy date*. Premium payments may be made to the address(es) shown on the first page of this policy or to such other place as *we* may designate. A receipt signed by *our* President or Secretary will be provided upon request.

Premiums may be paid annually, semiannually or quarterly at the rates that are published by *us* and in effect on the *issue date*. Premiums may be paid at other intervals approved by *us*. Premiums may not be less than \$10. *You* may request a change in premium payment interval by *written notice*.

GRACE PERIOD. A 31-day grace period is allowed for premiums not paid on or before due dates. Insurance will continue during the grace period; however, if the *insured* dies during the grace period, the premium due will be subtracted from the death benefit.

NONPAYMENT OF PREMIUM. If a premium is not paid by the end of the grace period, the policy will lapse as of the premium due date. If the policy has no cash value or dividend value, all insurance will terminate at the time of lapse. If the policy has cash value or dividend value, insurance will continue only as explained in the Lapse Benefits provision; but any insurance or benefits provided by riders or dividends will terminate, unless otherwise provided.

PREMIUM REFUND AT DEATH. Unless otherwise provided, the part of any premium paid for the period after the policy month in which the *insured's* death occurs will be included in the death benefit.

DIVIDENDS

DIVIDENDS. *Your* policy will be eligible to share in *our* divisible surplus while it is in force unless the policy is being continued under the extended term insurance privilege. *We* will determine annually this policy's share, if any, and will pay as a dividend on the policy anniversary. A first year dividend, if any, is payable only when premiums have been paid for at least 12 months.

The amount of any dividend to which this policy is entitled, at any particular policy anniversary, may be adjusted up or down, to take account of:

- (1) the amount of *policy debt* outstanding during the policy year then ending; and
- (2) how long that *policy debt* was outstanding; and
- (3) the rate of interest charged on that *policy debt*.

DIVIDEND OPTIONS. *You* may elect one of the four basic options described below. *We* may also make additional dividend options available.

Cash - Dividends will be paid in cash.

Premium Reduction Option - Dividends are used to reduce payment of the premium under this policy if the balance of the premium is paid by the end of the grace period. This dividend option is not available if premiums are paid at intervals other than annually, semiannually or quarterly.

Dividend Accumulation Option - Dividends are left with *us* to earn interest. Interest will be credited at an annual rate of not less than 1%. *We* may credit a higher rate.

Paid-up Additions Option - Dividends are used to purchase paid-up additional insurance. Paid-up additions may share in any divisible surplus.

Dividend options are elected in the application. *You* may change the option at any time by *written notice*. If no option has been elected, dividends will be applied to purchase paid-up additions.

You may withdraw the cash value of any paid-up additions and any amount held under the dividend accumulation option by *written notice*.

DIVIDEND AFTER DEATH. If the *insured* dies after the first policy year, the proceeds will include a pro rata portion of any dividend allocated to this policy for the year of the *insured's* death.

ADDITIONAL POLICY PRIVILEGES

RIGHT TO CHANGE THE POLICY. *You* may change this policy for certain other policies subject to *our* rules. There may be a charge for the change and satisfactory evidence of insurability may be required. Upon request, *we* will quote the requirements and the premium of the new policy.

PAID-UP PRIVILEGE. *You* may request this policy be endorsed by *written notice* as a paid-up policy whenever the cash surrender value equals or exceeds the net single premium for a paid-up policy of the same kind and amount of insurance as this policy at the then *attained age* of the *insured*. All riders will terminate when the policy is endorsed paid-up unless otherwise provided in the rider.

ACCESSING POLICY VALUES

CASH SURRENDER. *You* may surrender this policy and withdraw its cash surrender value and the cash surrender value of any rider at any time during the *insured's* life by *written notice*. *You* may also elect to use the cash surrender value to provide lapse benefits as explained in the Lapse Benefits provision. *We* may require return of the policy.

CASH SURRENDER VALUE. The cash surrender value of this policy will be the sum of:

- (1) the policy's cash value; plus
- (2) the cash value of any paid-up additions; plus
- (3) the cash value of any rider; plus
- (4) any dividend accumulations; plus
- (5) any due and unpaid dividend; minus
- (6) any *policy debt* as of the date of surrender.

We may delay paying the cash surrender value for up to six months from the request. If the payment is delayed for more than 30 days, interest will be paid on the cash surrender value from the date of the request for withdrawal to the date of payment at an annual rate of at least the contract rate shown on the policy schedule.

CASH VALUE. The Table of Policy Values shown on the policy schedule shows the cash value of the policy, exclusive of any rider cash value, at the end of successive policy years. These values assume premiums will be paid when due. Upon request, *we* will furnish cash values for any date not shown in the Table.

CASH VALUE AFTER LAPSE. If this policy is in force as extended term insurance or paid-up insurance after lapse, *you* may surrender it for the then current cash surrender value by *written notice*. If the request is made within 31 days after a policy anniversary, while either of these lapse benefits is in effect, the cash surrender value will not be less than it was on that policy anniversary.

LOANS. *You* may obtain a loan from the net loan value except during the grace period. A loan may affect the amount of dividends payable under the policy. No loan will be granted if the policy is in force as extended term insurance.

The net loan value as of the date of the loan will be:

- (1) the policy's cash value (including the cash value of any rider); plus
- (2) the cash value of any paid-up additions; minus
- (3) any due and unpaid premium; minus
- (4) any existing *policy debt*; minus
- (5) any loan interest from the date of the loan to the next policy anniversary.

Cash values are computed as of the next policy anniversary or the next premium due date, whichever is earlier. Any due and unpaid premium deducted in arriving at the net loan value will be a loan.

Loan interest will be computed using a variable loan interest rate. Each year *we* will set the variable interest rate. The rate will never be more than the maximum permitted by law. The rate will not be changed more often than once a year. The rate for a policy year may not exceed a maximum limit which is the greater of:

- (1) the Published Monthly Average for the calendar month ending two months before the policy anniversary at the beginning of the policy year; or
- (2) the rate used in this policy to compute the guaranteed cash value for the policy year, plus 1%.

Published Monthly Average means:

- (1) Moody's Corporate Bond Yield Average -- Monthly Average Corporates, as published by Moody's Investors Service, Inc., or any successor to that service; or
- (2) if the average is no longer published, a substantially similar average, established by regulation issued by the Insurance Supervisory Official of the state in which the policy is delivered.

If the maximum limit for a policy year is at least 1/2% higher than the rate set for the previous year, *we* may increase the rate at no more than that limit. If the maximum limit for a policy year is at least 1/2% lower than the rate set for the previous year, *we* will reduce the rate to at least that limit.

We will notify *you* of the initial rate of interest when the loan is made. *We* will notify *you* of the initial rate of interest for an Automatic Premium Loan (APL) as soon as it is reasonably practical. *We* will notify *you* at least 30 days in advance of any increase in the rate for an existing loan.

This policy will not terminate in a policy year as a result of a change in the interest rate during that policy year until the time at which it would otherwise have terminated if there had been no change during the year.

Interest accrues daily and becomes a part of the *policy debt*. Interest is due on each policy anniversary and on the date the loan is repaid. If interest is not paid when due, it will be added to the *policy debt* and will bear interest at the rate charged on the loan.

This policy will be assigned to *us* as security for the loan. *We* may require *you* to sign a loan agreement. *We* may defer making a loan for up to six months, except to pay premiums due on any policy in force with *us*.

You may repay *policy debt* in full or in part at any time. If at any time the *policy debt* exceeds the cash value, this policy will terminate 31 days after the date *we* mail a notice of termination to *your* last known address and to any assignee of record.

Automatic Premium Loan (APL) may be elected in the application or, by *written notice* while no premium is in default.

If the APL has been elected, any premium not paid before the end of its grace period will be paid by charging the premium as a loan against this policy, provided that the resulting *policy debt* to the next policy anniversary does not exceed the policy's cash value plus the value of any paid-up additions. If the premium cannot be paid by the APL, the Lapse Benefits provision of this policy will apply.

The APL may be revoked by *you* at any time by *written notice*.

LAPSE BENEFITS

POLICY LAPSE. If a premium is not paid by the end of the grace period, this policy will lapse as of the premium due date. If the policy has no cash value or dividend value, all insurance will terminate at the time of lapse. Any cash surrender value of the policy, as of that premium due date, may be withdrawn by *you*. If the cash surrender value is not withdrawn, it will be used to continue the policy in force as extended term insurance, subject to availability, or paid-up insurance.

EXTENDED TERM INSURANCE. This is paid-up term insurance for a limited period of time. The amount of extended term insurance will be determined as of the due date of the unpaid premium and will be the sum of:

- (1) the amount of insurance in force, excluding insurance provided by any term riders; plus
- (2) any additional insurance provided by paid-up additions; plus
- (3) any dividend accumulations; minus
- (4) any *policy debt*.

The cash surrender value of the policy on that premium due date will be used as a net single premium at the *attained age* of the *insured* to determine the period of time that extended term insurance will continue.

Extended Term Insurance is only available if the premium class shown on the policy schedule is Standard, Select, Preferred or Preferred Plus.

PAID-UP INSURANCE. This is paid-up insurance for the *insured's* life. The cash surrender value of the policy on the due date of the unpaid premium will be used as a net single premium at the *attained age* of the *insured* to determine the amount of paid-up insurance to be provided.

ELECTION OF LAPSE BENEFIT. Extended term insurance may be elected, if available, only before the end of the grace period for the unpaid premium. However, within three months of the unpaid premium due date, paid-up insurance may be elected or the policy may be surrendered by *written notice*.

If no lapse benefit is elected, the policy will be continued as extended term insurance, if available. However, if an equal or greater amount of insurance would be provided under the paid-up insurance lapse benefit, the policy will be continued as paid-up insurance.

EFFECT ON RIDERS. Unless otherwise provided in any rider, on the date a lapse benefit becomes effective, all riders attached to this policy will terminate.

REINSTATEMENT. Within five years after *your* policy terminates, *you* may put this policy back in force by *written notice* if:

- (1) the *insured* provides *us* with evidence of insurability;
- (2) *you* pay all overdue premiums, with interest at the contract rate shown on the policy schedule compounded annually from the due date of each premium; and
- (3) *you* repay or reinstate any *policy debt* as of the lapse date. Compound interest to the date of reinstatement will be charged on any loan at the applicable policy loan interest rate during the period of a lapse.
- (4) the *attained age* of the *insured* on the date of reinstatement does not exceed the maximum *attained age* for reinstatement as shown on the policy schedule;
- (5) the *insured* is alive on the date of reinstatement; and
- (6) this policy has not been surrendered.

Any application for reinstatement becomes a part of the reinstated policy.

GENERAL PROVISIONS

ENTIRE CONTRACT. This policy is a legal contract that *you* have entered into with *us*. The entire contract consists of:

- (1) this policy;
- (2) any riders;
- (3) any endorsements;
- (4) the attached copy of the application, and any attached amendments or supplemental applications; and
- (5) the applicable policy schedule(s).

Any change in the contract must be written and signed by *our* President, or a Vice President, or the Secretary, or the Assistant Secretary. No one else is authorized to bind *us*.

Statements made in the application for issuance or reinstatement, in the absence of fraud, are representations and not warranties. No such statements will be used in defense of a claim under this policy unless contained in a written application and unless a copy of such statement is part of this policy.

RELIANCE. *We* have issued this policy based on the answers in the application and supplemental applications. *We* have assumed all such answers to be true and complete. If any are not, *we* may, subject to the Incontestability provision, have the right to void this policy and give back premiums paid, minus *policy debt* and any partial withdrawals.

INCONTESTABILITY. *We* will not contest this policy, in the absence of fraud, after it has been in force while the *insured* is alive for two years from the *issue date*. If this policy is reinstated, the contestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement. Riders to this policy may have separate incontestability provisions.

SUICIDE. For the first two full years from the *issue date*, *we* will not pay the death benefit if the *insured* commits suicide (while sane or insane). *We* will void this policy and give back the premiums paid, minus *policy debt* and any partial withdrawals. Riders to this policy may have separate suicide provisions.

MISSTATEMENT OF AGE OR GENDER. If the *insured's* age or gender has been misstated on the application, *we* will adjust the policy benefits and values to those that the premium would have purchased at the correct age and gender.

ASSIGNMENT. *You* may assign this policy by giving *written notice*. *We* will not be responsible for the validity of an assignment. *We* will not be liable for any payments *we* make or actions *we* take before *we* receive *written notice* of an assignment. An assignment is subject to any *policy debt*.

CLAIMS OF CREDITORS. The death benefit, before paid, will not be subject to the claims of a beneficiary's creditors, except as required by law.

COMPUTATIONS. Cash values, net single premium and lapse benefits are based on the mortality table and contract rate of interest shown on the policy schedule. Interest is compounded annually. Calculations assume that premiums will be paid continuously and that proceeds will be paid immediately upon death. Policy values for fractions of a year will be calculated on a basis to reflect the lapse of time and fractional premiums paid for the year.

All of the values are the same or more than the minimums set by the laws of the state where the application is signed. If required, *we* have filed a detailed statement about this with *your* State Insurance Department. The cash value of any extended term insurance or paid-up additional insurance will be the net single premium for that insurance at the *attained age* of the *insured*.

Whole Life Policy - Annual Dividends
Premiums Payable for Stated Period
Participating



5900 O Street
Lincoln, NE 68501

Client Service Office



[800-319-6901]
Fax: [513-595-2218]



[PO Box 40888
Cincinnati, OH 45240]

Insured: [John Doe]
Policy Number: [0123456789]

We will pay the death benefit proceeds to the beneficiary when we receive satisfactory proof of death of the *insured* while this policy is in force, subject to the terms of this policy.

LOOK AT THE APPLICATION FORMS. This policy is issued based on payment of the initial premium and the answers in the application (see copy attached). If all answers are not true and complete, this policy may be affected. If any past medical history has been omitted, please notify *us* within ten (10) days from the date this policy is delivered to *you*.

PLEASE READ THIS POLICY CAREFULLY. This policy is a legal contract between *you* and Ameritas Life Insurance Corp.

20-DAY RIGHT TO EXAMINE THIS POLICY. It is important to *us* that *you* are satisfied with this policy. *You* have 20 days to review this policy after *you* receive it. If this policy is a replacement for an existing policy *you* have 30 days to review this policy after *you* receive it. If *you* are not satisfied, *you* may send it back to *us* or give it to *our* agent. In such case, this policy will be void from the beginning. We will refund the premiums paid less partial withdrawals within 10 days after this policy is returned.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN  SPECIMEN]

[President Secretary]

Whole Life Policy - Annual Dividends
Premiums Payable for Stated Period
Participating

[www.unificompanies.com]

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POLICY SCHEDULE

Policy Number:	[0123456789]
Insured:	[John Doe]
Issue Age and Gender:	[35, Male]
Owner:	[John Doe]
Policy Date:	[January 1, 2011]
Issue Date:	[January 1, 2011]
Premium Class:	[Standard Nontobacco]
Mortality Table:	2001 CSO [Male Nonsmoker] Mortality Table, age nearest birthday
Contract Rate:	4.00% Annual
Maximum Loan Interest Rate:	[5.00]% Annual
Maximum Attained Age for Reinstatement:	[85]

POLICY SCHEDULE

<u>Benefit</u>	<u>Amount of Benefit</u>	<u>Duration of Premium Payments</u>	<u>Annual Premium</u>
Whole Life Payable to 98	[\$100,000.00	for 63 years	\$1,214.00]

First Premium Payment Interval:	[Annual	\$1,214.00]
---------------------------------	---------	-------------

Premium Frequency:	Modal Premium	Cumulative Annual Premium
Annual	[\$1,214.00	\$1,214.00]
Semiannual	[\$619.39	\$1,238.78]
Quarterly	[\$315.64	\$1,262.56]
Monthly	[\$104.45	\$1,253.40]

Beginning On	Total Annual Premium
[January 01, 2011	\$1,214.00]
[January 01, 2074	\$.00]

POLICY SCHEDULE

TABLE OF POLICY VALUES

For Policy Year Ending <u>[January 1]</u>	Cash <u>Values</u>	Paid-Up <u>Insurance</u>	Extended Term <u>Insurance to</u>
[2012	\$0.00	\$0.00	-
2013	\$1,000.00	\$4,500.00	August 09, 2020
2014	\$2,000.00	\$8,800.00	June 22, 2026
2015	\$3,100.00	\$13,100.00	May 22, 2031
2016	\$4,100.00	\$16,800.00	August 08, 2034
2017	\$5,300.00	\$21,000.00	September 14, 2037
2018	\$6,400.00	\$24,500.00	December 13, 2039
2019	\$7,600.00	\$28,100.00	December 22, 2041
2020	\$8,800.00	\$31,400.00	September 18, 2043
2021	\$10,000.00	\$34,500.00	April 05, 2045
2022	\$11,300.00	\$37,700.00	October 13, 2046
2023	\$12,600.00	\$40,700.00	February 19, 2048
2024	\$14,000.00	\$43,700.00	June 08, 2049
2025	\$15,300.00	\$46,300.00	June 25, 2050
2026	\$16,700.00	\$48,800.00	July 08, 2051
2027	\$18,200.00	\$51,500.00	July 17, 2052
2028	\$19,700.00	\$54,000.00	June 22, 2053
2029	\$21,200.00	\$56,200.00	April 27, 2054
2030	\$22,800.00	\$58,500.00	March 03, 2055
2031	\$24,300.00	\$60,400.00	November 17, 2055]
At Age			
[62	\$36,300.00	\$73,200.00	July 14, 2060
65	\$41,700.00	\$77,400.00	March 24, 2062]

These figures do not include any paid-up additions, any dividend accumulations or any dividends due and unpaid. Any policy loan will decrease the amount otherwise payable.

This is a whole life insurance policy with premium payments payable as shown on the policy schedule. *We* will pay the death benefit if the *insured* dies while this policy is in force, subject to the terms of this policy.

DEFINITIONS

(Defined terms appear in italics throughout this policy.)

ATTAINED AGE. Means the issue age plus the number of completed policy years.

INSURED. Means the person shown on the policy schedule upon whose life this policy is issued.

ISSUE DATE. Means the date on which the suicide and incontestability periods begin. If *we* have received the initial premium from *you*, the *issue date* will also be the date when *you* have life insurance coverage with *us*. If *we* have not received the initial premium from *you*, *you* WILL NOT have coverage until the date on which *we* receive the initial premium from *you*.

POLICY DATE. Means the date from which policy months, years and anniversaries are measured. The *policy date* will be determined by *us* unless *you* request a different *policy date* that *we* approve. If the *issue date* is after the *policy date* or *we* have not received the initial premium from *you*, *you* WILL NOT have life insurance coverage on the *policy date*.

POLICY DEBT. Means the sum of all unpaid policy loans and accrued interest on policy loans.

WE, US, OUR. Means Ameritas Life Insurance Corp.

WRITTEN NOTICE. Means information *we* have received at the address(es) shown on the first page of this policy which is written, is signed by *you*, and is acceptable to *us*.

YOU, YOUR. Means the owner as shown on the policy schedule unless changed. The *insured* may or may not be the owner.

OWNERSHIP

OWNERSHIP. While the *insured* is living, *you* have all rights in this policy. *Your* rights will be subject to any assignment, and to the rights of any irrevocable beneficiary. If *you* die before the *insured*, the successor owner named in the application is the new owner. If there is no successor owner, then *your* estate becomes the new owner.

A change of owner may be made at any time by *written notice*. It will take effect on the date *we* receive *written notice*. Unless there are no surviving primary or contingent beneficiaries, a change of owner does not change the beneficiary.

BENEFICIARY

BENEFICIARY. The beneficiary will receive the death benefit proceeds when the *insured* dies. The primary and any contingent beneficiaries are named in the application. If no primary beneficiary is living when the *insured* dies, *we* will pay to the contingent beneficiary. If no contingent beneficiary is living when the *insured* dies, *we* will pay *you* or *your* estate.

Unless the beneficiary designation provides otherwise, *we* will follow these rules:

- (1) *We* will pay equal shares when more than one beneficiary of the same class is to share the funds.
- (2) No revocable beneficiary has rights in this policy until the *insured* dies.
- (3) An irrevocable beneficiary cannot be changed without his or her consent.
- (4) The interest of any beneficiary is subject to the rights of any assignee shown on *our* records.
- (5) When beneficiaries are not shown by name (such as "children"), *we* may find who they are from sworn statements and not wait for court records.

You may change the beneficiary at any time while the *insured* is living by *written notice*. *We* must approve any change. If approved, the change will take effect on the date the *written notice* was signed by *you*. *We* will not be liable for any payments *we* make or actions *we* take before the change is approved.

Unless otherwise provided, if any beneficiary dies within 30 days after the *insured* dies as the result of a common disaster, *we* will pay the death benefit proceeds as if that beneficiary died first.

DEATH BENEFIT

DEATH BENEFIT. *We* will pay the death benefit proceeds in a lump sum as soon as *we* receive satisfactory proof that the *insured* died while this policy was in force, and other proof that *we* may require in order to investigate the claim. *We* will include interest from the *insured's* date of death to the payment date. The rate will not be less than required by law. Full payment of the death benefit proceeds to the beneficiary discharges *us* from any and all claims.

Death benefit proceeds will equal:

- (1) the amount of insurance in force at death; plus
- (2) any additional life insurance proceeds provided by riders; plus
- (3) any additional insurance provided by paid-up additions; plus
- (4) any dividend accumulations; plus
- (5) any dividend credited at death; plus
- (6) any premium refund due; minus
- (7) any *policy debt*; minus
- (8) any unpaid premium, if death occurs during the grace period.

PREMIUMS

PAYMENT OF PREMIUM. Premiums are payable on or before their due dates. Premiums and premium due dates are stated on the policy schedule. The first premium is due on the *policy date*. Premium payments may be made to the address(es) shown on the first page of this policy or to such other place as *we* may designate. A receipt signed by *our* President or Secretary will be provided upon request.

Premiums may be paid annually, semiannually or quarterly at the rates that are published by *us* and in effect on the *issue date*. Premiums may be paid at other intervals approved by *us*. Premiums may not be less than \$10. *You* may request a change in premium payment interval by *written notice*.

GRACE PERIOD. A 31-day grace period is allowed for premiums not paid on or before due dates. Insurance will continue during the grace period; however, if the *insured* dies during the grace period, the premium due will be subtracted from the death benefit.

NONPAYMENT OF PREMIUM. If a premium is not paid by the end of the grace period, the policy will lapse as of the premium due date. If the policy has no cash value or dividend value, all insurance will terminate at the time of lapse. If the policy has cash value or dividend value, insurance will continue only as explained in the Lapse Benefits provision; but any insurance or benefits provided by riders or dividends will terminate, unless otherwise provided.

PREMIUM REFUND AT DEATH. Unless otherwise provided, the part of any premium paid for the period after the policy month in which the *insured's* death occurs will be included in the death benefit.

DIVIDENDS

DIVIDENDS. *Your* policy will be eligible to share in *our* divisible surplus while it is in force unless the policy is being continued under the extended term insurance privilege. *We* will determine annually this policy's share, if any, and will pay as a dividend on the policy anniversary. A first year dividend, if any, is payable only when premiums have been paid for at least 12 months.

The amount of any dividend to which this policy is entitled, at any particular policy anniversary, may be adjusted up or down, to take account of:

- (1) the amount of *policy debt* outstanding during the policy year then ending; and
- (2) how long that *policy debt* was outstanding; and
- (3) the rate of interest charged on that *policy debt*.

DIVIDEND OPTIONS. *You* may elect one of the four basic options described below. *We* may also make additional dividend options available.

Cash - Dividends will be paid in cash.

Premium Reduction Option - Dividends are used to reduce payment of the premium under this policy if the balance of the premium is paid by the end of the grace period. This dividend option is not available if premiums are paid at intervals other than annually, semiannually or quarterly.

Dividend Accumulation Option - Dividends are left with *us* to earn interest. Interest will be credited at an annual rate of not less than 1%. *We* may credit a higher rate.

Paid-up Additions Option - Dividends are used to purchase paid-up additional insurance. Paid-up additions may share in any divisible surplus.

Dividend options are elected in the application. *You* may change the option at any time by *written notice*. If no option has been elected, dividends will be applied to purchase paid-up additions.

You may withdraw the cash value of any paid-up additions and any amount held under the dividend accumulation option by *written notice*.

DIVIDEND AFTER DEATH. If the *insured* dies after the first policy year, the proceeds will include a pro rata portion of any dividend allocated to this policy for the year of the *insured's* death.

ADDITIONAL POLICY PRIVILEGES

RIGHT TO CHANGE THE POLICY. *You* may change this policy for certain other policies subject to *our* rules. There may be a charge for the change and satisfactory evidence of insurability may be required. Upon request, *we* will quote the requirements and the premium of the new policy.

PAID-UP PRIVILEGE. *You* may request this policy be endorsed by *written notice* as a paid-up policy whenever the cash surrender value equals or exceeds the net single premium for a paid-up policy of the same kind and amount of insurance as this policy at the then *attained age* of the *insured*. All riders will terminate when the policy is endorsed paid-up unless otherwise provided in the rider.

ACCESSING POLICY VALUES

CASH SURRENDER. *You* may surrender this policy and withdraw its cash surrender value and the cash surrender value of any rider at any time during the *insured's* life by *written notice*. *You* may also elect to use the cash surrender value to provide lapse benefits as explained in the Lapse Benefits provision. *We* may require return of the policy.

CASH SURRENDER VALUE. The cash surrender value of this policy will be the sum of:

- (1) the policy's cash value; plus
- (2) the cash value of any paid-up additions; plus
- (3) the cash value of any rider; plus
- (4) any dividend accumulations; plus
- (5) any due and unpaid dividend; minus
- (6) any *policy debt* as of the date of surrender.

We may delay paying the cash surrender value for up to six months from the request. If the payment is delayed for more than 30 days, interest will be paid on the cash surrender value from the date of the request for withdrawal to the date of payment at an annual rate of at least the contract rate shown on the policy schedule.

CASH VALUE. The Table of Policy Values shown on the policy schedule shows the cash value of the policy, exclusive of any rider cash value, at the end of successive policy years. These values assume premiums will be paid when due. Upon request, *we* will furnish cash values for any date not shown in the Table.

CASH VALUE AFTER LAPSE. If this policy is in force as extended term insurance or paid-up insurance after lapse, *you* may surrender it for the then current cash surrender value by *written notice*. If the request is made within 31 days after a policy anniversary, while either of these lapse benefits is in effect, the cash surrender value will not be less than it was on that policy anniversary.

LOANS. *You* may obtain a loan from the net loan value except during the grace period. A loan may affect the amount of dividends payable under the policy. No loan will be granted if the policy is in force as extended term insurance.

The net loan value as of the date of the loan will be:

- (1) the policy's cash value (including the cash value of any rider); plus
- (2) the cash value of any paid-up additions; minus
- (3) any due and unpaid premium; minus
- (4) any existing *policy debt*; minus
- (5) any loan interest from the date of the loan to the next policy anniversary.

Cash values are computed as of the next policy anniversary or the next premium due date, whichever is earlier. Any due and unpaid premium deducted in arriving at the net loan value will be a loan.

The maximum loan interest rate is shown on the policy schedule. *We* have the option of charging less.

This policy will be assigned to *us* as security for the loan. *We* may require *you* to sign a loan agreement. *We* may defer making a loan for up to six months, except to pay premiums due on any policy in force with *us*.

Interest accrues daily and becomes a part of the *policy debt*. Interest is due on each policy anniversary and on the date the loan is repaid. If interest is not paid when due, it will be added to the *policy debt* and will bear interest at the rate charged on the loan.

You may repay *policy debt* in full or in part at any time. If at any time the *policy debt* exceeds the cash value, this policy will terminate 31 days after the date *we* mail a notice of termination to *your* last known address and to any assignee of record.

Automatic Premium Loan (APL) may be elected in the application or, by *written notice* while no premium is in default.

If the APL has been elected, any premium not paid before the end of its grace period will be paid by charging the premium as a loan against this policy, provided that the resulting *policy debt* to the next policy anniversary does not exceed the policy's cash value plus the value of any paid-up additions. If the premium cannot be paid by the APL, the Lapse Benefits provision of this policy will apply.

The APL may be revoked by *you* at any time by *written notice*.

LAPSE BENEFITS

POLICY LAPSE. If a premium is not paid by the end of the grace period, this policy will lapse as of the premium due date. If the policy has no cash value or dividend value, all insurance will terminate at the time of lapse. Any cash surrender value of the policy, as of that premium due date, may be withdrawn by *you*. If the cash surrender value is not withdrawn, it will be used to continue the policy in force as extended term insurance, subject to availability, or paid-up insurance.

EXTENDED TERM INSURANCE. This is paid-up term insurance for a limited period of time. The amount of extended term insurance will be determined as of the due date of the unpaid premium and will be the sum of:

- (1) the amount of insurance in force, excluding insurance provided by any term riders; plus
- (2) any additional insurance provided by paid-up additions; plus
- (3) any dividend accumulations; minus
- (4) any *policy debt*.

The cash surrender value of the policy on that premium due date will be used as a net single premium at the *attained age* of the *insured* to determine the period of time that extended term insurance will continue.

Extended Term Insurance is only available if the premium class shown on the policy schedule is Standard, Select, Preferred or Preferred Plus.

PAID-UP INSURANCE. This is paid-up insurance for the *insured's* life. The cash surrender value of the policy on the due date of the unpaid premium will be used as a net single premium at the *attained age* of the *insured* to determine the amount of paid-up insurance to be provided.

ELECTION OF LAPSE BENEFIT. Extended term insurance may be elected, if available, only before the end of the grace period for the unpaid premium. However, within three months of the unpaid premium due date, paid-up insurance may be elected or the policy may be surrendered by *written notice*.

If no lapse benefit is elected, the policy will be continued as extended term insurance, if available. However, if an equal or greater amount of insurance would be provided under the paid-up insurance lapse benefit, the policy will be continued as paid-up insurance.

EFFECT ON RIDERS. Unless otherwise provided in any rider, on the date a lapse benefit becomes effective, all riders attached to this policy will terminate.

REINSTATEMENT. Within five years after *your* policy terminates, *you* may put this policy back in force by *written notice* if:

- (1) the *insured* provides *us* with evidence of insurability;
- (2) *you* pay all overdue premiums, with interest at the contract rate shown on the policy schedule compounded annually from the due date of each premium; and
- (3) *you* repay or reinstate any *policy debt* as of the lapse date. Compound interest to the date of reinstatement will be charged on any loan at the applicable policy loan interest rate during the period of a lapse.
- (4) the *attained age* of the *insured* on the date of reinstatement does not exceed the maximum *attained age* for reinstatement as shown on the policy schedule;
- (5) the *insured* is alive on the date of reinstatement; and
- (6) this policy has not been surrendered.

Any application for reinstatement becomes a part of the reinstated policy.

GENERAL PROVISIONS

ENTIRE CONTRACT. This policy is a legal contract that *you* have entered into with *us*. The entire contract consists of:

- (1) this policy;
- (2) any riders;
- (3) any endorsements;
- (4) the attached copy of the application, and any attached amendments or supplemental applications; and
- (5) the applicable policy schedule(s).

Any change in the contract must be written and signed by *our* President, or a Vice President, or the Secretary, or the Assistant Secretary. No one else is authorized to bind *us*.

Statements made in the application for issuance or reinstatement, in the absence of fraud, are representations and not warranties. No such statements will be used in defense of a claim under this policy unless contained in a written application and unless a copy of such statement is part of this policy.

RELIANCE. *We* have issued this policy based on the answers in the application and supplemental applications. *We* have assumed all such answers to be true and complete. If any are not, *we* may, subject to the Incontestability provision, have the right to void this policy and give back premiums paid, minus *policy debt* and any partial withdrawals.

INCONTESTABILITY. *We* will not contest this policy, in the absence of fraud, after it has been in force while the *insured* is alive for two years from the *issue date*. If this policy is reinstated, the contestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement. Riders to this policy may have separate incontestability provisions.

SUICIDE. For the first two full years from the *issue date*, we will not pay the death benefit if the *insured* commits suicide (while sane or insane). We will void this policy and give back the premiums paid, minus *policy debt* and any partial withdrawals. Riders to this policy may have separate suicide provisions.

MISSTATEMENT OF AGE OR GENDER. If the *insured's* age or gender has been misstated on the application, we will adjust the policy benefits and values to those that the premium would have purchased at the correct age and gender.

ASSIGNMENT. You may assign this policy by giving *written notice*. We will not be responsible for the validity of an assignment. We will not be liable for any payments we make or actions we take before we receive *written notice* of an assignment. An assignment is subject to any *policy debt*.

CLAIMS OF CREDITORS. The death benefit, before paid, will not be subject to the claims of a beneficiary's creditors, except as required by law.

COMPUTATIONS. Cash values, net single premium and lapse benefits are based on the mortality table and contract rate of interest shown on the policy schedule. Interest is compounded annually. Calculations assume that premiums will be paid continuously and that proceeds will be paid immediately upon death. Policy values for fractions of a year will be calculated on a basis to reflect the lapse of time and fractional premiums paid for the year.

All of the values are the same or more than the minimums set by the laws of the state where the application is signed. If required, we have filed a detailed statement about this with *your* State Insurance Department. The cash value of any extended term insurance or paid-up additional insurance will be the net single premium for that insurance at the *attained age* of the *insured*.

Whole Life Policy - Annual Dividends
Premiums Payable for Stated Period
Participating

1. Universal Life:

- a) Specified Amount (*base only*): \$ _____
Plan of Insurance: _____
- b) Death Benefit Option:
 - ☐ Option A (*Specified Amount*)
 - ☐ Option B (*Specified Amount plus Account Value*)
 - ☐ Option C (*Return of Premium*)
- c) Life Insurance Qualification Test:
 - ☐ GPT (*Guideline Premium Test*)
 - ☐ CVAT (*Cash Value Accumulation Test*)
- d) Planned Periodic Premium (*modal*): \$ _____
Additional First-Year Premium (*lump-sum deposits*): \$ _____
- e) Single Life Supplementary Benefits:
 - ☐ Accelerated Benefit Rider (*include Disclosure Statement*)
 - ☐ Accidental Death Benefit Rider: \$ _____
 - ☐ Accounting Benefit Rider: \$ _____
 - ☐ Children's Insurance Rider: \$ _____
 - ☐ Guaranteed Insurability Rider: \$ _____
 - ☐ Scheduled Increase Rider _____%
 - ☐ Supplemental Coverage Rider: \$ _____
 - ☐ Term Insurance Rider: \$ _____
 - ☐ Total Disability Rider: \$ _____
 - ☐ Waiver of Monthly Deduction Rider
 - ☐ Other: _____
- f) Indexed UL Account Allocations:
 - _____% Fixed Account: a current interest rate.
 - _____% Capped Participation Account: a 100% participation rate on a limited percentage increase in the S & P Index.
 - _____% Uncapped Participation Account: a lower participation rate on unlimited percentage increases in the S & P Index.
 - 100** % Total

2. Whole Life:

- a) Specified Amount: \$ _____
Plan of Insurance: _____
- b) Dividend Option:
 - ☐ Paid-Up Additions
 - ☐ Cash
 - ☐ Accumulate at Interest
 - ☐ Reduce Premium (*not on monthly modes*)
 - ☐ One-Year Term
 - ☐ Other: _____
- c) Nonforfeiture Option:
 - ☐ Extended Term Insurance
 - ☐ Reduce Paid-Up
 - ☐ Automatic Premium Loan

2. Whole Life (*continued*):

- d) Supplementary Benefits:
 - ☐ Accelerated Benefits Rider (*include Disclosure Statement*)
 - ☐ Accidental Death Benefit Rider: \$ _____
 - ☐ Children's Insurance Rider: \$ _____
 - ☐ Guaranteed Insurability Rider: \$ _____
 - ☐ Level Term Rider: \$ _____
 - ☐ One-Year Term Rider: \$ _____
 - ☐ Paid-Up Rider:
 - ☐ Annual Premium: \$ _____
 - ☐ Single Premium: \$ _____
 - ☐ Term Paid-Up Rider (TPL): \$ _____
 - ☐ Total Disability Benefit Rider
 - ☐ Waiver of Premium Rider
 - ☐ Other: _____

3. Premium:

- a) Send Premium Notices to: ☐ Residence ☐ Business
 - ☐ Owner
 - ☐ Insured
 - ☐ Other: (*Specify relationship and address*) _____
- b) Premium Frequency:
 - ☐ Annual
 - ☐ Semi-Annual
 - ☐ Quarterly
 - ☐ Electronic Fund Transfer (*complete EFT form*)
 - ☐ Salary Allotment
 - ☐ Other: _____
- c) Has any premium been given in connection with this application? ☐ Yes ☐ No (*If "Yes," state amount paid for which conditional receipt has been given; the terms of which are hereby agreed to.*)
Amount: \$ _____
- d) Association Discount:
 - ☐ Yes ☐ No (*If "Yes," provide IPN.*)
 - Association IPN: _____



Companies

Ameritas Life Insurance Corp.

[P.O. Box 40888 Cincinnati, OH 45240]

[800-319-6901, Fax 513-595-2218]

(Client Service Office)

Universal Life/Traditional Life

Policy Details

1. Universal Life:

- a) Specified Amount (*base only*): \$ _____
Plan of Insurance: _____
- b) Death Benefit Option:
☐ Option A (*Specified Amount*)
☐ Option B (*Specified Amount plus Account Value*)
☐ Option C (*Return of Premium*)
- c) Life Insurance Qualification Test:
☐ GPT (*Guideline Premium Test*)
☐ CVAT (*Cash Value Accumulation Test*)
- d) Planned Periodic Premium (*modal*): \$ _____
Additional First-Year Premium (*lump-sum deposits*): \$ _____
- e) Single Life Supplementary Benefits:
☐ Accelerated Benefit Rider (*include Disclosure Statement*)
☐ Accidental Death Benefit Rider: \$ _____
☐ Accounting Benefit Rider: \$ _____
☐ Guaranteed Insurability Rider: \$ _____
☐ Scheduled Increase Rider _____ %
☐ Supplemental Coverage Rider: \$ _____
☐ Total Disability Rider: \$ _____
☐ Waiver of Monthly Deduction Rider
☐ Other: _____
- f) Indexed UL Account Allocations:
____ % Fixed Account: a current interest rate.
____ % Capped Participation Account: a 100% participation rate on a limited percentage increase in the S & P Index.
____ % Uncapped Participation Account: a lower participation rate on unlimited percentage increases in the S & P Index.
100 % Total

2. Whole Life:

- a) Specified Amount: \$ _____
Plan of Insurance: _____
- b) Dividend Option:
☐ Paid-Up Additions
☐ Cash
☐ Accumulate at Interest
☐ Reduce Premium (*not on monthly modes*)
☐ One-Year Term
☐ Other: _____
- c) Nonforfeiture Option:
☐ Extended Term Insurance
☐ Reduce Paid-Up
☐ Automatic Premium Loan

2. Whole Life (*continued*):

- d) Supplementary Benefits:
☐ Accelerated Benefits Rider (*include Disclosure Statement*)
☐ Accidental Death Benefit Rider: \$ _____
☐ Guaranteed Insurability Rider: \$ _____
☐ Level Term Rider: \$ _____
☐ One-Year Term Rider: \$ _____
☐ Paid-Up Rider:
☐ Annual Premium: \$ _____
☐ Single Premium: \$ _____
☐ Term Paid-Up Rider (TPL): \$ _____
☐ Total Disability Benefit Rider
☐ Waiver of Premium Rider
☐ Other: _____

3. Premium:

- a) Send Premium Notices to: ☐ Residence ☐ Business
☐ Owner
☐ Insured
☐ Other: (*Specify relationship and address*)

- b) Premium Frequency:
☐ Annual
☐ Semi-Annual
☐ Quarterly
☐ Electronic Fund Transfer (*complete EFT form*)
☐ Salary Allotment
☐ Other: _____
- c) Has any premium been given in connection with this application? ☐ Yes ☐ No (*If "Yes," state amount paid for which conditional receipt has been given; the terms of which are hereby agreed to.*)
Amount: \$ _____
- d) Association Discount:
☐ Yes ☐ No (*If "Yes," provide IPN.*)
Association IPN: _____

Short Form Life Application

Ameritas Life Insurance Corp.

[P.O. Box 40888, Cincinnati, OH 45240]

[800-319-6901, Fax 513-595-2218]

(Client Service Office)

1. Full Name of Proposed Insured (*Print*): _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 The Proposed Insured is a: ☐ U.S. Resident ☐ Other: _____
 The Proposed Insured's citizenship if other than the U.S.: _____ (*Complete Foreign National form*)
 Date of Birth: _____ State of Birth: _____ Sex: _____ Social Security Number: _____
2. Plan of Insurance:
☐ Universal Life: ☐ OPTION A: (*Specified Amount*)
☐ ☐ OPTION B: (*Specified Amount plus Account Value*)
☐ ☐ OPTION C: (*Return of Premium*)
☐ Term ☐ Whole Life ☐ Other: _____
3. Initial Specified Amount of Insurance: _____
4. Dividend Option: ☐ Paid-up additions ☐ Cash ☐ Accumulate at interest ☐ Reduce premium (*not on monthly modes*)
☐ One-year term ☐ One-year term equal to cash value ☐ Other: _____
5. Requested Coverage Date: _____
6. Owner of Policy: _____ Relationship: _____
 Owner's Social Security No. or Tax I.D. No.: _____
 Owner's Driver's License No.: _____ State: _____
 The Policy Owner is a: ☐ U.S. Resident ☐ Other: _____
 The Policy Owner citizenship if other than the U.S.: _____ (*Complete Foreign National form*)
7. Employer: _____ Company Number: _____
8. Position or Title of Proposed Insured: _____ Date of Employment: _____
9. Primary Beneficiary: _____ Relationship to proposed insured: _____
 Social Security No.: _____ Date of Birth: _____
 Contingent Beneficiary: _____ Relationship to proposed insured: _____
 Social Security No.: _____ Date of Birth: _____
10. a. Have you been actively at work on a full-time basis, performing your normal duties for at least 30 hours per week for the past 3 months with no absences totaling 5 consecutive days or more due to illness or accident. ☐ Yes ☐ No
 If "No," explain (*attach extra sheet if needed*): _____
 b. Have tobacco products been used in the past 5 years? ☐ Yes ☐ No
 If "Yes," date last used: _____ Type: _____ Amount and frequency: _____
11. **Existing Insurance**
 a. Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No (*If "Yes," complete a Replacement Notice if required by State Law.*)
 b. Will any life insurance policy or annuity contract with this or any other company be discontinued, reduced, changed, or replaced if insurance now applied for is issued? ☐ Yes ☐ No If "Yes," give details:
 Company: _____ Policy No.: _____ Amount: \$ _____ Issue Date: _____
Insurance Producer's Replacement Statement
 a. To the best of your knowledge does the applicant have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No
 b. To the best of your knowledge, does the policy applied for involve replacement, in whole or in part, of any existing life insurance, annuity, disability income or overhead expense insurance, or any other accident and sickness insurance?
☐ Yes ☐ No If "Yes," give details: _____
 Company: _____ Policy No.: _____
 c. Will a policy loan or cash surrender on one or more Ameritas Life policies be used to pay any portion of the initial or subsequent premiums on the policy applied for? ☐ Yes ☐ No (*If "Yes," give policy number(s) involved.*)
12. a. Has any initial premium been given in connection with this application? ☐ Yes ☐ No
 Planned Periodic Premium: \$ _____ Additional Initial Premium: \$ _____
 b. If "Yes," state the amount paid for which conditional receipt has been given, the terms of which are hereby agreed to.
 Amount: \$ _____
 c. Premium Mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ List Monthly ☐ Electronic Fund Transfer (*complete EFT form*)



Short Form Life Application Agreement

Ameritas Life Insurance Corp.

[P.O. Box 40888, Cincinnati, OH 45240]
[800-319-6901, Fax 513-595-2218]
(Client Service Office)

Agreement

The undersigned represents that the statements in this application are true and complete to the best of their knowledge and belief. It is agreed that: (a) this application is to be attached to and made a part of the policy and; (b) the only statements which are to be considered as the basis of the policy are those contained in the application or in any amendment to the application; (c) any prepayment made with this application will be subject to the provisions of the **CONDITIONAL RECEIPT**; (d) if there is no prepayment made with this application, the policy will not take effect until the first premium is paid during the lifetime of the proposed insured and until the policy is delivered to the proposed owner; and (e) no one except the President, a Vice President, the Secretary, or an Assistant Secretary can make, alter or discharge contracts or waive any of the Ameritas Life Insurance Corp.'s ("the Company's") rights or requirements.

If applying for an indeterminate premium plan:

- (a) the premium for such plan is guaranteed for the initial guarantee period, and after such period, the current annual premium is not guaranteed and may change; and
- (b) the premium will never exceed the specified maximum.

Fraud Notice

Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Dated at: _____
City State Month Day Year

Print or Type Proposed Insured Name.

X _____
Signature of Proposed Insured.

Print or Type Owner if not Proposed Insured (see question 6).

X _____
Signature of Owner if not Proposed Insured.

Print or Type Producer Name. Producer Ameritas Life No. _____

X _____
Signature of Licensed Soliciting Producer. Producer State License No. _____

Print or Type Producer Name. Producer Ameritas Life No. _____

X _____
Signature of Licensed Soliciting Producer. Producer State License No. _____

Agency Name. Agency No. _____

Taxpayer Identification Number (TIN)

Social Security Number

Employer Identification Number

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct TIN (*or I am waiting for a number to be issued to me*); and
- 2) I am not subject to backup withholding either because:
(a) I am exempt from backup withholding; (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.
- 3) I am a U.S. Citizen or other U.S. Person (*including a U.S. resident alien*).

You must cross out item (2) above if you have been notified by IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Please sign here:

X _____
Signature of Owner, Trustee/Employer. Date

Ameritas Life Insurance Corp.

ACCIDENTAL DEATH BENEFIT RIDER

PAYMENT OF INSURANCE. We will pay the benefit amount under this rider as soon as we receive satisfactory proof that the *insured's* death:

- (1) occurred within 120 days of the date of injury; and
- (2) resulted from an injury which occurred while this rider was in force; and
- (3) resulted from accidental bodily injury, directly and independently of all other causes.

If death results from the *insured's* travel as a fare-paying passenger on a public conveyance operated by a licensed common carrier for passenger service, the benefit amount will be doubled.

The benefit will be paid to the designated beneficiary, if any; otherwise to

- (1) *you*, if living; otherwise to
- (2) *your* estate.

RISKS NOT ASSUMED. The benefit amount under this rider will not be payable if the *insured's* death results from, or is contributed to by, any of the following causes:

- (1) suicide or attempted suicide, while sane or insane; or
- (2) any intentionally self-inflicted injury; or
- (3) any disease or infirmity of mind or body; or medical or surgical treatment; or
- (4) an act of declared or undeclared war, whether or not the *insured* is a member of any armed forces; or
- (5) any unlawful participation in a riot; or
- (6) an attempt to commit, or commission of, an assault or felony; or
- (7) voluntary inhalation of any kind of gas except while in performance of those duties considered within the scope of occupation or employment; or
- (8) the voluntary taking of any drug unless taken as prescribed by a physician; or
- (9) riding in or descending from any kind of aircraft;
 - (a) as a passenger in any aircraft operated by or for the armed forces; or
 - (b) as a participant in a sporting event or hobby; or
 - (c) as a pilot, crew member or participant in training. Crew member includes anyone who has duties at any time on the flight involving either the flight or the aircraft.

RIGHT TO EXAMINE. We have the right to examine the *insured's* body and to have an autopsy performed, at *our* expense, unless prohibited by law.

TERMINATION. This rider will terminate;

- (1) when the policy terminates; or
- (2) when any premium for the policy or this rider is in default beyond the end of the premium's grace period; or
- (3) on receipt of *your written notice* requesting termination within 31 days of a premium due date; or
- (4) on the anniversary nearest the *insured's* 70th birthday.

CONTRACT. This rider is made a part of the policy and is based on the application for this rider and payment of the premium.

CONTESTABLE AND SUICIDE PERIODS. As applied to this rider, the contestable and suicide periods shall be measured from the *issue date* of this rider.

RIDER SPECIFICATIONS. The benefit amount and premium for this rider are shown on the policy schedule. The *issue date* of this rider is the same as that stated on the policy schedule for the policy except when this rider is issued at a later date. If this rider is issued after the policy is issued, a supplemental policy schedule will be issued reflecting the specifications for this rider.

AMERITAS LIFE INSURANCE CORP.

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[President


Secretary]

Ameritas Life Insurance Corp.

CHILDREN'S INSURANCE RIDER

PERSONS INSURED. This rider insures each child of the *insured* if the child is:

- (1) named in the application for this rider; or
- (2) born after the date of the application; or
- (3) adopted by the *insured* after the date of the application and before the child's 18th birthday.

This rider does not insure any child less than 15 days old nor after the child's 25th birthday.

PAYMENT OF INSURANCE. We will pay the benefit amount under this rider as soon as we receive satisfactory proof that an insured child died while this rider is in force. Unless otherwise provided, the benefit will be paid to:

- (1) the *insured*, if living; otherwise
- (2) the *insured's* spouse, if any; otherwise
- (3) the estate of the deceased.

DEATH OF INSURED. If the *insured* dies (except by suicide within two years of the *issue date* of this rider) while this rider is in force, the payment of premiums for this rider will be waived. Conversion will be allowed as provided by this rider. If the *insured* commits suicide during the first two years of the policy, there is a 31 day period for conversion for each insured child.

CONVERSION PRIVILEGE. You may convert the insurance on each insured child, without evidence of insurability, no later than 31 days after the insured child's 25th birthday if no premium is in default. The face amount of the new policy must be at least \$25,000. You must give us written notice. Before the insured child's 25th birthday, the face amount of the new policy may not exceed the benefit amount of the rider on the date of conversion. On or after the insured child's 25th birthday, the face amount of the new policy may not exceed five times the benefit amount of the rider on the date of conversion.

The new policy may be any permanent plan issued by us on the date of conversion. The *policy date* of the new policy will be the date of conversion. Insurance under this rider on that insured child will terminate on the date of conversion. The incontestability and suicide provisions of the new policy shall be measured from the *issue date* of this rider up to the benefit amount of this rider on the date of conversion. For any additional face amount, the incontestability and suicide provisions will run from the *issue date* of the new policy.

INCONTESTABILITY. In the absence of fraud, we will not contest this rider with respect to each insured child after the benefit amount on that child has been in force during that child's life for two years. Our total liability will be to return the premiums paid while the insurance on that child's life was in force. If this rider is reinstated, the contestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement.

SUICIDE. If any insured child under this rider commits suicide (while sane or insane) within two years after the date that child's insurance starts, our total liability will be to return the premiums paid while the insurance on that child was in force.

TERMINATION. This rider will terminate:

- (1) when the policy terminates for any reason other than the death of the *insured*; or
- (2) when the premium for the policy or this rider is in default beyond the end of the premium's grace period; or
- (3) when the policy is changed to a paid-up policy; or
- (4) when the policy goes on extended term; or
- (5) on the anniversary nearest the *insured's* 65th birthday; or
- (6) if the death of the *insured* shall occur by suicide within two years from the *issue date* of this rider.

REINSTATEMENT. Within five years after this rider terminates, *you* may put this rider back in force by *written notice* to *us* if:

- (1) the policy is in force;
- (2) *you* provide *us* with evidence of insurability on each insured child; and
- (3) *you* pay all overdue premiums with interest at the contract rate shown on the policy schedule compounded annually from the due date of each premium.

CONTRACT. This rider is made a part of the policy and is based on the application and any supplemental applications for this rider and payment of the premium.

RIDER SPECIFICATIONS. The benefit amount and premium for this rider are shown on the policy schedule. The *issue date* of this rider is the same as that stated on the policy schedule for the policy except when this rider is issued at a later date. If this rider is issued after the policy is issued, a supplemental policy schedule will be issued reflecting the specifications for this rider.

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GUARANTEED INSURABILITY RIDER

BENEFIT. On each option date while this rider is in force, *you* may purchase a new policy on the life of the *insured*. No evidence of insurability will be required. The option dates will be the policy anniversary nearest the *insured's* 25th, 28th, 31st, 34th, 37th and 40th birthdays.

ADVANCING OF OPTION DATES. *You* may elect to advance the next option date when one of these events happens:

- (1) the date of the *insured's* marriage; or
- (2) the date of the live birth of a child of the *insured's* marriage; or
- (3) the date of legal adoption by the *insured* of a child under 18 years of age.

If more than one child is born or adopted on the same date, an option date will be advanced with respect to each child. An advanced option date will replace the next regular option date. At no time may the total number of options that are elected be more than the number of option dates that occur after the effective date of this rider.

OPTION PERIOD. The option period for an option date begins 60 days before and ends 31 days after that date. The option period for an option date that has been advanced begins on the date of any occasion in the ADVANCING OF OPTION DATES section and ends 91 days after that date.

PURCHASE OF NEW POLICY. A new policy may be purchased at any time within the option period provided that:

- (1) no premium is in default and this rider is in force on that date; and
- (2) the amount of the new policy is at least \$25,000 but not more than the option amount; and
- (3) written application, signed by *you* and the *insured*, in a form satisfactory to *us* is received; and
- (4) if applicable, proof of marriage, birth or adoption is received by *us*.

The new policy may be any permanent life plan issued by *us* when the new policy is purchased. The new policy will be the same premium class as the base policy to which this rider is attached. The *policy date* of the new policy will be the date on which the application and first premium for the new policy, and any proof of marriage, birth or adoption are received. In no event will the new policy become effective before its *policy date*. The premium rate for the new policy will be *our* then published rate at the age of the *insured* on the birthday nearest the *policy date* of the new policy. If more than one option is elected at the same time and the new insurance is combined in one policy, the number of options elected will be the same as if the insurance had not been combined.

A Waiver of Premium for Total Disability Rider may be issued with the new policy without evidence of insurability if:

- (1) such rider is contained in this policy and is in force at the time of purchase of the new policy; and
- (2) the *insured* is not totally disabled on the date the application for the new policy is made.

An Accidental Death Benefit Rider may be issued with the new policy without evidence of insurability if:

- (1) such rider is contained in this policy and is in force at the time of purchase of the new policy; and
- (2) the amount of accidental death benefit issued with the new policy is not more than the amount of the new policy; and
- (3) the total amount of accidental death benefit in all policies issued by *us* on the *insured's* life does not exceed \$150,000.

AUTOMATIC ISSUE. If the policy contains a Waiver of Premium for Total Disability Rider and premiums are being waived on an option date, *we* will issue a new policy for the option. The new policy will be a Whole Life Policy and will contain a Waiver of Premium for Total Disability Rider. Premiums on the new policy will be waived during the continuance of disability as defined in the rider.

AUTOMATIC TERM INSURANCE. We will provide free term insurance on the life of the *insured* for the option period of an available option date caused by marriage, birth, or adoption of a child. The insurance is not payable if the *insured* dies by suicide, while sane or insane. The amount will be equal to the option amount. This insurance will expire at the end of the option period.

If, while the temporary term insurance is in force, a new policy is issued and the *insured* dies, the amount of the temporary term insurance will be paid to the beneficiary of the new policy. The only amount payable under the new policy will be the refund of any premiums paid. Before payment will be made, the new policy must be surrendered to *us*.

TERMINATION. This rider will terminate:

- (1) when the policy terminates; or
- (2) if any premium for the policy or this rider is in default beyond the end of the premium's grace period; or
- (3) if the policy is changed to a paid-up policy; or
- (4) if the face amount of the policy is reduced to less than \$25,000; or
- (5) at the end of the option period for the last regular option date.

REINSTATEMENT. Within five years after *your* rider terminates, *you* may put this rider back in force by *written notice* to *us* if:

- (1) the policy is in force; and
- (2) *you* provide *us* with evidence of insurability; and
- (3) *you* pay all overdue premiums, with interest at the contract rate shown on the policy schedule compounded annually from the due date of each premium.

REDUCTION OF OPTION AMOUNT. If the face amount of the policy is reduced below the option amount but not below \$25,000, the option amount will be reduced to the face amount of the reduced policy. Premiums for this rider will be reduced accordingly.

CONTESTABLE PERIOD. As applied to this rider, the contestable period shall be measured from the *issue date* of this rider.

CONTRACT. This rider is made a part of the policy. It is based on the application and any supplemental applications for this rider and payment of premium.

RIDER SPECIFICATIONS. The benefit amount and premium for this rider are shown on the policy schedule. The *issue date* of this rider is the same as that stated on the policy schedule for the policy except when this rider is issued at a later date. If this rider is issued after the policy is issued, a revised policy schedule will be issued reflecting the specifications for this rider.

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LEVEL TERM RIDER

PAYMENT OF INSURANCE. *We* will pay the amount of term insurance in force under this rider as soon as *we* receive satisfactory proof of the *insured's* death, while this rider was in force. Payment is subject to the terms and provisions of the policy and this rider. The amount of term insurance hereunder will be added to the proceeds payable under the policy.

AMOUNT OF INSURANCE. The amount of term insurance and the initial term period for this rider are shown on the policy schedule. The amount of term insurance under this rider may be renewed for additional term periods. On any rider anniversary, the amount of term insurance can be decreased by *you*.

PREMIUM. The guaranteed maximum premiums for this rider are shown on the policy schedule. Current premiums are based on *our* premium schedule in effect on the *policy date*. Premiums charged at the time of renewal will not exceed the guaranteed maximum premium. Rider premium is payable at the same time and interval as the policy to which this rider is attached.

Changes in premiums will be by class based on insuring age, gender and premium classification.

Premiums are based on *our* expectations regarding such factors as mortality, investment earnings, persistency and expenses. Any change in the premium will be based on a re-evaluation of these factors. *We* will apply any change in the premium on a uniform basis to all *insureds* of the same insuring age, gender and premium classification whose riders are for the same amount of insurance and the same length of time. *We* will not change the premiums with respect to any changes in the *insured's* health, occupation or other risk factors after this policy takes effect.

Any change in the premium schedule for this class of rider will be determined in accordance with the procedures and standards on file with the Department of Insurance of *your* state. Premium schedules for riders in force shall be reviewed whenever the premiums for new issues are changed, but not more often than annually nor less often than once each five years to determine whether premium changes should be made. Notification of premium changes will be sent to *you* at the last known address at least 15 days prior to the effective date of any changes in premium rates.

RENEWAL. At the end of any term period, but prior to the rider expiration date, this policy may be renewed for an additional term period if:

- (1) no premium is in default and this rider is in force on that date; and
- (2) the renewal premium is paid within the grace period.

However, in no event will this rider continue in force beyond the rider expiration date.

The initial term period is shown on the policy schedule and begins on the rider effective date. Additional one-year term periods begin at the end of the initial term period. The last one-year term period ends on the rider expiration date.

CONVERSION PRIVILEGE. This rider may be converted, without evidence of insurability, to a new policy on the life of the *insured*, if:

- (1) no premium is in default and this rider is in force on that date; and
- (2) *we* receive a written application before the end of the conversion period of this rider as shown on the policy schedule; and
- (3) the *insured* is not disabled and eligible for benefits under a Total Disability Benefit Rider or Waiver of Premium Rider which is part of the policy to which this rider is attached; and
- (4) the amount of the new policy may not be greater than the amount of insurance in force under this rider at the time of conversion.

The new policy may be any permanent plan of insurance issued by *us* at the time of conversion. The new policy will be of the same class of risk as this rider. The conversion may be made at any time before the end of the conversion period of this rider. The *policy date* of the new policy will be the date of conversion. The premium rate for the new policy will be *our* then published rate at the age of the *insured* on the birthday nearest the date of conversion.

NEW POLICY RIDERS. Total Disability Benefit Rider, Waiver of Premium Rider and Accidental Death Benefit Rider may be issued with the new policy only with evidence of insurability and *our* consent. However, if the policy contains a Total Disability Rider, the *insured* may include such a rider in the new policy without evidence of insurability for a conversion to a Whole Life Policy made before age 55. However, the *insured* must not be totally disabled on the date the application for conversion is made.

EXTENDED PRIVILEGE CONVERSION. If disability benefits are being credited before age 60 under a Total Disability Rider or Waiver of Premium Rider which is part of the policy to which this rider is attached and the disability continues until the end of the conversion period, disability benefits will continue to the date disability stops. The conversion period will extend for 180 days after the date disability stops.

AGE. As used in this rider, "age 55" and "age 60" mean the policy anniversaries nearest the *insured's* 55th and 60th birthdays, respectively.

VALUES. This rider does not have cash value or loan value.

TERMINATION. This rider will terminate:

- (1) when any premium for the policy is in default beyond the end of the premium's grace period; or
- (2) when the policy is changed to a paid-up policy; or
- (3) when the policy goes on extended term; or
- (4) when this rider is converted to a new policy; or
- (5) when the policy terminates; or
- (6) on the expiration date shown on the policy schedule for this rider.

NONPARTICIPATING. This rider is nonparticipating.

REINSTATEMENT. This rider may be reinstated upon reinstatement of the policy.

INCONTESTABILITY. If this rider is reinstated, the contestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement.

CONTESTABLE AND SUICIDE PERIOD. As applied to this rider, the contestable and suicide periods shall be measured from the *issue date* of this rider.

CONTRACT. This rider is made a part of the policy and is based on the application and any supplemental applications for this rider and payment of the premium.

RIDER SPECIFICATIONS. The amount of term insurance, initial term period, *issue date*, expiration date and the guaranteed maximum premiums for this rider are shown on the policy schedule.

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Ameritas Life Insurance Corp.

ONE-YEAR TERM RIDER

PAYMENT OF INSURANCE. We will pay the amount of term insurance in force under this rider as soon as we receive satisfactory proof of the *insured's* death, while this rider was in force. Payment is subject to the terms and provisions of the policy and this rider. The amount of term insurance hereunder will be added to the proceeds payable under the policy.

AMOUNT OF INSURANCE. The amount of term insurance for the first rider year is shown on the policy schedule. The amount of term insurance under this rider may be renewed for additional term periods. On any rider anniversary, the amount of one-year term insurance can be changed by *you*. We reserve the right to request evidence of insurability for any increase in coverage over that provided during the rider year immediately preceding the increase.

PREMIUM. The premium for the first rider year is shown on the policy schedule. Premium for subsequent rider years is determined in accordance with the *insured's attained age*. The premium is calculated by multiplying the amount of one-year term purchased that rider year by the applicable amount per \$1,000 shown on the policy schedule. Rider premium is payable at the same time and interval as the policy to which this rider is attached.

CONVERSION PRIVILEGE. This rider may be converted, without evidence of insurability, to a new policy on the life of the *insured*, if:

- (1) no premium is in default and this rider is in force on that date; and
- (2) the amount of the new policy is at least \$10,000; and
- (3) we receive a written application before the end of the conversion period of this rider as shown on the policy schedule; and
- (4) the *insured* is not disabled and eligible for benefits under a Total Disability Benefit Rider or Waiver of Premium Rider which is part of the policy to which this rider is attached.

The new policy may be any permanent plan of insurance issued by *us* at the time of conversion. The new policy will be of the same class of risk as this rider. The amount of the new policy may not be greater than the amount of insurance in force under this rider at the time of conversion. The conversion may be made at any time before the end of the conversion period of this rider. The *policy date* of the new policy will be the date of conversion. The premium rate for the new policy will be *our* then published rate at the age of the *insured* on the birthday nearest the date of conversion.

NEW POLICY RIDERS. Total Disability Benefit Rider, Waiver of Premium Rider and Accidental Death Benefit Rider may be issued with the new policy only with evidence of insurability and *our* consent. However, if the policy contains a Total Disability Rider, the *insured* may include such a rider in the new policy without evidence of insurability for a conversion to a Whole Life Policy made before age 55. However, the *insured* must not be totally disabled on the date the application for conversion is made.

EXTENDED PRIVILEGE CONVERSION. If disability benefits are being credited before age 60 under a Total Disability Rider or Waiver of Premium Rider which is part of the policy to which this rider is attached and the disability continues until the end of the conversion period, disability benefits will continue to the date disability stops. The conversion period will extend for 180 days after the date disability stops.

AGE. As used in this rider, "age 55" and "age 60" mean the policy anniversaries nearest the *insured's* 55th and 60th birthdays, respectively.

VALUES. This rider does not have cash value or loan value.

TERMINATION. This rider will terminate:

- (1) when the policy terminates; or
- (2) when any premium for the policy is in default beyond the end of the premium's grace period; or
- (3) when the policy is changed to a paid-up policy; or
- (4) when the policy goes on extended term; or
- (5) when this rider is converted to a new policy.

DIVIDENDS. This rider will share in *our* divisible surplus. This rider's share, if any, will be determined annually by *us*. Dividends under this rider are subject to the same terms, conditions, privileges and options as set forth in the policy for policy dividends.

REINSTATEMENT. This rider may be reinstated upon reinstatement of the policy.

INCONTESTABILITY. If this rider is reinstated, the contestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement.

CONTESTABLE AND SUICIDE PERIOD. As applied to this rider, the contestable and suicide periods shall be measured from the *issue date* of this rider.

CONTRACT. This rider is made a part of the policy and is based on the application and any supplemental applications for this rider and payment of the premium.

RIDER SPECIFICATIONS. The amount of term insurance for the first rider year and premiums for this rider are shown on the policy schedule. The *issue date* of this rider is the same as that stated on the policy schedule for the policy except when this rider is issued at a later date. If this rider is issued after the policy is issued, a supplemental policy schedule will be issued reflecting the specifications for this rider.

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PAID-UP RIDER

PAYMENT OF INSURANCE. *We* will pay the amount of paid-up insurance in force under this rider as soon as *we* receive satisfactory proof of the *insured's* death, while this rider was in force. Payment is subject to the terms and provisions of the policy and this rider. The amount of paid-up hereunder will be added to the proceeds payable under the policy.

AMOUNT OF INSURANCE. The annual amount of paid-up that can be purchased for the first rider year under this rider is shown on the policy schedule. Each year, like amounts of paid-up may be purchased. On any rider anniversary, the annual amount of paid-up purchased can be changed by *you*. *We* reserve the right to request evidence of insurability for any increase in the amount of paid-up purchased over that purchased during the rider year immediately preceding the increase.

PREMIUM. The premium for the first rider year is shown on the policy schedule. Premium for subsequent rider years is determined in accordance with the *insured's attained age*. The premium is calculated by multiplying the amount of paid-up purchased that rider year by the applicable amount per \$1,000 shown on the policy schedule. Rider premium is payable at the same time and interval as the policy to which this rider is attached.

Notwithstanding anything contained in any Waiver of Premium Rider attached to the policy to the contrary, premiums for this rider are not waived.

VALUES. This rider does have cash value and loan value. Values for selected years per \$1,000 of total paid-up purchased are shown on the policy schedule. Values for other rider years will be furnished upon request. Loans and surrenders are subject to the same terms, conditions, and privileges as set forth in the policy for policy loans and surrenders.

TERMINATION. The right to purchase additional amounts of paid-up shall terminate:

- (1) when the policy terminates; or
- (2) when any premium for the policy is in default beyond the end of the premium's grace period; or
- (3) when the policy is changed to a paid-up policy; or
- (4) when the policy goes on extended term.

This rider will terminate:

- (1) when this rider is surrendered for its net cash value; or
- (2) the date the rider proceeds are paid.

DIVIDENDS. This rider will share in *our* divisible surplus. This rider's share, if any, will be determined annually by *us*. Dividends under this rider are subject to the same terms, conditions, privileges and options as set forth in the policy for policy dividends.

CONTESTABLE AND SUICIDE PERIODS. As applied to this rider, the contestable and suicide periods shall be measured from the *issue date* of this rider.

CONTRACT. This rider is made a part of the policy and is based on the application and any supplemental applications for this rider and payment of the premium.

RIDER SPECIFICATIONS. The amount of paid-up purchased for the first rider year and premiums for this rider are shown on the policy schedule. The *issue date* of this rider is the same as that stated on the policy schedule for the policy except when this rider is issued at a later date. If this rider is issued after the policy is issued, a supplemental policy schedule will be issued reflecting the specifications for this rider.

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TOTAL DISABILITY BENEFIT RIDER

BENEFIT. The amount of the benefit provided by this rider is shown on the policy schedule. This amount is credited towards the payment of premium during continued disability when the premium payment interval is annual. If the premium interval is other than annual, the benefit credited will be reduced proportionately; i.e., one-half for semi-annual; one-quarter for quarterly. The benefit will be credited during continued disability at the interval of payment in effect when total disability begins. *We* will credit the benefit upon receipt of satisfactory proof that:

- (1) the *insured* is totally disabled; and
- (2) total disability began while this rider was in force; and
- (3) total disability has continued for six consecutive months.

If total disability begins:

- (1) Before age 60: the benefit will be credited during that disability.
- (2) On or after age 60, but before age 63: the benefit will be credited only toward premium due before age 65 and during that disability.
- (3) On or after age 63, but before age 65: the benefit will be credited only during the two-year period after that disability begins and while it continues.

As used in this rider, "age 60," "age 63," and "age 65" means the policy anniversaries nearest the *insured's* 60th, 63rd and 65th birthdays, respectively.

DEFINITION OF TOTAL DISABILITY. Total disability is a disability which:

- (1) results from bodily injury or disease; and
- (2) lasts for at least six months; and
- (3) begins before age 65; and
- (4) continuously prevents the *insured* from being able to engage in an occupation for pay or profit. During the first 24 months of total disability, "an occupation" means the regular occupation of the *insured* at the time that disability began. After the first 24 months of total disability, "an occupation" means any occupation for which the *insured* is or becomes reasonably suited by education, training or experience. "Occupation for pay or profit" includes being a full-time student or a homemaker, if that was the *insured's* regular occupation at the time that the disability began.

Total disability is also the total and irrevocable loss, by the *insured*, of:

- (1) the sight of both eyes; or
- (2) the use of both hands; or
- (3) the use of both feet; or
- (4) the use of one hand and one foot.

WRITTEN NOTICE AND PROOF OF DISABILITY. *Written notice* and satisfactory proof of the *insured's* total disability must be given to *us*:

- (1) during the life of the *insured*; and
- (2) during the period of total disability; and
- (3) within one year after the beginning of the total disability.

Failure to give *written notice* and satisfactory proof within the time required will not invalidate a claim if the *written notice* and satisfactory proof were given as soon as was reasonably possible; however, no benefit amount will be credited towards any premium due more than one year prior to receipt of satisfactory proof by *us*.

Satisfactory proof of continuance of total disability must be given to *us* as often as *we* reasonably require. After the first two years of continuous total disability, satisfactory proof will not be required more than once a year. Examination of the *insured* at *our* expense by physicians approved by *us* may be required as part of any satisfactory proof. If satisfactory proof is not given to *us* when required, no further benefit will be paid.

EXCLUSION AND LIMITATIONS. No benefit will be paid if disability results from, or is contributed to by:

- (1) intentionally self-inflicted injury; or
- (2) an act of declared or undeclared war while the *insured* is a member of any armed forces.

APPLICATION OF BENEFIT TOWARDS PREMIUM. The benefit provided by this rider will be credited in the following manner:

- (1) toward payment of premium for the policy and any riders, exclusive of any term rider or any paid-up rider; then any remainder as shown in 2, 3, or 4 below:
- (2) where both the term and paid-up riders are attached to the policy;
 - (a) towards payment of premium for the combination of:
 - (i) term insurance; and
 - (ii) paid-up insurance to maintain the same level of coverage as that provided during the policy year immediately preceding disability; then
 - (b) any remainder toward the purchase of additional paid-up insurance.
- (3) where only the term rider is attached to the policy;
 - (a) toward payment of premium for term insurance. Coverage will be at the same level as that provided during the policy year immediately preceding disability; then
 - (b) any remainder will be paid in cash.
- (4) where only the paid-up rider is attached to the policy, toward the purchase of paid-up insurance.

PAYMENT OF PREMIUMS. Premiums are payable in full until *we* have approved a claim for total disability. A refund will be made of any premium paid, or portion thereof, which is later credited under this rider.

TERMINATION OF RIDER. This rider will terminate:

- (1) when the policy terminates; or
- (2) when any premium for the policy or this rider is in default beyond the end of the premium's grace period; or
- (3) when *written notice* is given to *us* within 31 days of a premium due date; or
- (4) at age 65 of the *insured*. However, this termination will not affect an eligible claim for disability that occurred before age 65.

CONTRACT. This rider is made a part of the policy. It is based on the application and any supplemental applications for this rider and payment of the premium.

RIDER SPECIFICATIONS. The benefit amount and premium for this rider are shown on the policy schedule. The *issue date* of this rider is the same as that stated on the policy schedule for the policy except when this rider is issued at a later date. If this rider is issued after the policy is issued, a supplemental policy schedule will be issued reflecting the specifications for this rider.

AMERITAS LIFE INSURANCE CORP.

[SPECIMEN]

[SPECIMEN]

[President

Secretary]

Ameritas Life Insurance Corp.

ONE-YEAR TERM AND PAID-UP LIFE INSURANCE RIDER

PAYMENT OF INSURANCE. *We* will pay the amount of the death benefit in force under this rider as soon as *we* receive satisfactory proof of the *insured's* death. Payment is subject to the terms and provisions of the policy and this rider. The death benefit of this rider equals the amount of paid-up and term insurance in effect under this rider when the insured dies. This amount may be less due to *policy debt*, partial withdrawals and dividends. The total death benefit paid under this rider will never exceed the greater of (1) or (2) as shown below:

- (1) (a) the rider amount shown on the policy schedule; less
(b) the amount of any paid-up additions under the policy; less
(c) the amount of any paid-up additions purchased with dividends and premiums under any other rider attached to this policy.
- (2) the amount of paid-up additions under this rider.

AMOUNT OF INSURANCE. The amount of insurance for the first rider year and net premiums per \$1,000 for this rider is shown on the policy schedule. The amount of insurance under this rider may be renewed for additional annual periods. *We* have the right to request evidence of insurability for an increase in coverage under the term insurance of this rider over that provided during the rider year immediately preceding the increase. At the beginning of each policy year, the amount of term insurance is determined as follows:

- (1) the amount of this rider shown on the policy schedule; less
- (2) the amount of all paid-up additions under this rider. This includes the amount purchased by any dividends on the most recent policy anniversary and any amount purchased by the current net premium being applied for this policy year; less
- (3) the amount of all paid-up additions under this policy, including the amount purchased by any dividends on the most recent policy anniversary; less
- (4) the amount of any paid-up additions purchased with dividends and premiums under any other rider attached to this policy, including the amount purchased on the most recent policy anniversary.

This amount of term insurance will remain level throughout the policy year while this rider is in force.

PREMIUM. Both the annual and net premium for this rider is shown on the policy schedule. The net premium is the annual premium for this rider less all premium expense charges. Premium for subsequent rider years is determined in accordance with the insured's attained age. Annual premiums, if sufficient, will be used to purchase one-year term and paid-up insurance in order to maintain a level premium and level face amount. In the event no term insurance is required, the net premium will be applied as a net single premium to purchase paid-up life insurance. The net premium is calculated by multiplying the amount of one-year term and / or paid-up purchased that rider year by the applicable amount per \$1,000 shown on the policy schedule. Rider premium is payable at the same time and interval as the policy to which the rider is attached.

APPLICATION OF PREMIUMS. In the event that the net premium is greater than the term insurance premium due for the current policy year, the excess will be applied as a net single premium to purchase paid-up additions.

In the event that the net premium is less than the term insurance premium due for the current policy year, the deficit will be covered by the surrender of existing paid-up additions.

In the event that the net premium plus the surrender of all paid-up additions under this rider, under any other insurance rider attached to this policy and under the policy are not sufficient to cover the current term insurance premium, you must select (1), (2) or (3) below:

- (1) Pay an additional premium to cover the deficit. We must receive this payment within 31 days of your policy anniversary. This option cannot be used to reinstate any reductions in amount of term insurance created by selecting option (3) in any previous policy year(s).
- (2) Take a policy loan to cover the deficit, subject to the loan provision. The loan will equal the cost of the term insurance premium less the sum of the current premium and the surrender of all paid-up additions.
- (3) Reduce the amount of term insurance to that amount which the net premium plus the surrender of all paid-up additions under this policy can provide.

If *you* do not select (1), (2) or (3) above, and the Automatic Premium Loan provision under *your* policy is in effect, and if sufficient value is available, *we* will apply this amount to cover the deficit. If the Automatic Premium Loan provision is not in effect, *we* will notify *you* of the amount of premium required to cover the deficit.

VALUES. This rider does have cash value and loan value. The cash value of any paid-up life insurance will be the net single premium for the insurance at the *attained age* of the *insured*. On any policy anniversary, the one-year term insurance provided under this benefit has no cash value. During the policy year, the cash value of any one-year term insurance is equal to the unused term insurance premium corresponding to the period from the date of surrender to the end of the policy year. The net single premiums for this benefit are shown on the policy schedule. Values for other rider years will be given to *you* upon request. Loans and surrenders are subject to the same terms, conditions and privileges as set forth in the base policy.

TERMINATION. This rider shall terminate:

- (1) when the policy terminates; or
- (2) when any premium for the policy is in default beyond the end of the premium's grace period; or
- (3) when the policy is changed to a paid-up policy; or
- (4) when the policy goes on extended term; or
- (5) when, except for payment of premium under this policy, paid-up additions are surrendered
 - (a) under this rider; or
 - (b) under any other rider attached to this policy; or
 - (c) under the policy.
- (6) the policy anniversary following *our* receipt of *your written notice* to replace the "Paid-Up Additions" option with any other dividend option. If *you* decide to choose a different dividend option, any paid-up additions in force under this rider, under any other rider and under *your* policy will be continued.
- (7) when this rider is surrendered for its net cash value; or
- (8) the date the rider proceeds are paid.

DIVIDENDS. This rider will share in *our* divisible surplus. *We* will determine annually the share for this rider, if any. The purchase of paid-up additions must be selected as the dividend option for the policy and this rider. Dividends under this rider are subject to the same terms, conditions, privileges and options as set forth in the base policy, even if this rider is issued at a later date.

INCONTESTABILITY. If this rider is reinstated, the contestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement.

REINSTATEMENT. This rider may be reinstated upon reinstatement of the policy.

SUICIDE. For the first two full years from the *issue date*, *we* will not pay if the *insured* commits suicide (while sane or insane). *We* will terminate this rider and give back the premiums paid, less *policy debt*, and any partial withdrawals.

CONTRACT. This rider is made a part of the policy and is based on the application and any supplemental applications for this rider and payment of the premium. Should any statement in the policy or in any paid-up additions rider attached to the policy conflict with any statements in this rider the provisions of this rider shall prevail.

Ameritas Life Insurance Corp.

WAIVER OF PREMIUM RIDER

BENEFIT. We will waive the premiums for the policy and riders stated on the policy schedule other than any paid-up riders, upon receipt of satisfactory proof that:

- (1) the *insured* is totally disabled; and
- (2) total disability began while this rider was in force; and
- (3) total disability has continued for six consecutive months.

If total disability begins:

- (1) Before age 60: premiums due during that disability will be waived.
- (2) On or after age 60, but before age 63: only premiums due before age 65 and during that disability will be waived.
- (3) On or after age 63, but before age 65: only premiums due during the two-year period after that disability begins and while it continues will be waived.

Premiums will be waived at the interval of payment in effect when total disability begins. As used in this rider, "age 60," "age 63," and "age 65" means the policy anniversaries nearest the *insured's* 60th, 63rd and 65th birthdays, respectively.

DEFINITION OF TOTAL DISABILITY. Total disability is a disability which:

- (1) results from bodily injury or disease; and
- (2) lasts for at least six months; and
- (3) begins before age 65; and
- (4) continuously prevents the *insured* from being able to engage in an occupation for pay or profit. During the first 24 months of total disability, "an occupation" means the regular occupation of the *insured* at the time that disability began. After the first 24 months of total disability, "an occupation" means any occupation for which the *insured* is or becomes reasonably suited by education, training or experience. "Occupation for pay or profit" includes being a full-time student or a homemaker, if that was the *insured's* regular occupation at the time that the disability began.

Total disability is also the total and irrevocable loss, by the *insured*, of:

- (1) the sight of both eyes; or
- (2) the use of both hands; or
- (3) the use of both feet; or
- (4) the use of one hand and one foot.

WRITTEN NOTICE AND PROOF OF DISABILITY. *Written notice* and satisfactory proof of the *insured's* total disability must be given to us:

- (1) during the life of the *insured*; and
- (2) during the period of total disability; and
- (3) within one year after the beginning of the total disability.

Failure to give *written notice* and satisfactory proof within the time required will not invalidate a claim if the *written notice* and satisfactory proof were given as soon as was reasonably possible; however, no premium due more than one year prior to receipt of satisfactory proof by us will be waived.

Satisfactory proof of continuance of total disability must be given to *us* as often as *we* reasonably require. After the first two years of continuous total disability, satisfactory proof will not be required more than once a year. Examination of the *insured* at *our* expense by physicians approved by *us* may be required as part of any satisfactory proof. If satisfactory proof is not given to *us* when required, no further monthly deductions will be waived.

EXCLUSION AND LIMITATIONS. No benefit will be paid if disability results from or is contributed to by:

- (1) intentionally self-inflicted injury; or
- (2) an act of declared or undeclared war while the *insured* is a member of any armed forces.

PAYMENT OF PREMIUMS. Premiums are payable until *we* have approved a claim for waiver of premium for total disability. A premium paid and later waived will be refunded.

TERMINATION OF RIDER. This rider will terminate:

- (1) when the policy terminates; or
- (2) when any premium for the policy for this rider is in default beyond the end of the premium's grace period; or
- (3) when *written notice* is given to *us* within 31 days of a premium due date; or
- (4) on the policy anniversary nearest the insured's 65th birthday. However, this termination will not affect an eligible claim for disability that occurred before age 65.

CONTRACT. This rider is made a part of the policy. It is based on the application and any supplemental applications for this rider and payment of the premium.

RIDER SPECIFICATIONS. The benefit amount and premium for this rider are shown on the policy schedule. The *issue date* of this rider is the same as that stated on the policy schedule for the policy except when this rider is issued at a later date. If this rider is issued after the policy is issued, a supplemental policy schedule will be issued reflecting the specifications for this rider.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN  SPECIMEN]

[President

Secretary]

Ameritas Life Insurance Corp.

AVIATION EXCLUSION ENDORSEMENT - CIVIL

Your policy is endorsed as follows:

If the *insured's* death results from or is contributed to by riding in or descending from any kind of aircraft other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline, the only amount payable by *us* will be the larger of:

- (1) the premiums paid, less dividends paid in cash or used in the payment of premiums; or
- (2) the cash value; or
- (3) the reserve on the face amount of the policy and on any paid-up additions, plus any dividends standing to the credit of this policy.

In no event will the amount payable exceed the amount of insurance in force at death. Any *policy debt* as of the date of death will be deducted from the amount payable.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN ]

[President

Secretary]

Ameritas Life Insurance Corp.

AVIATION EXCLUSION ENDORSEMENT - MILITARY



Your policy is endorsed as follows:

If the *insured's* death results from or is contributed to by riding in or descending from any kind of aircraft operated by or for the armed forces (1) as a participant in a sporting event or hobby or (2) as a pilot, crew member or participant in training, the only amount payable by *us* will be the larger of:

- (1) the premiums paid, less dividends paid in cash or used in the payment of premiums; or
- (2) the cash value; or
- (3) the reserve on the face amount of the policy and on any paid-up additions, plus any dividends standing to the credit of this policy.

In no event will the amount payable exceed the amount of insurance in force at death. Any *policy debt* as of the date of death will be deducted from the amount payable. "Crew member" includes anyone who has duties at any time on the flight involving either the flight or the aircraft.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN ]

[President

Secretary]

Ameritas Life Insurance Corp.

AVIATION HAZARD ENDORSEMENT

Your policy has been endorsed as follows:

The premium shown on the policy schedule includes an extra premium for aviation hazard. The extra premium will not increase policy values.

If any change is made to this policy or if it is converted to a new policy, there will still be an additional charge for hazardous occupation. The extra premium will be based on the same class of risk as this policy, if such class exists.

If the policy has cash value or is converted to a new policy with cash value, the only Lapse Benefit that may be elected is paid-up insurance. Extended term insurance may not be elected as a Lapse Benefit.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN ]

[President

Secretary]

Ameritas Life Insurance Corp.

**EXTRA PREMIUM ENDORSEMENT
FOR ACCIDENTAL DEATH BENEFIT**

Your policy has been endorsed as follows:

The premium shown on the policy schedule for the Accidental Death Benefit rider includes an extra premium for:



- (1) medical impairment; or
- (2) special hazard; or
- (3) hazardous occupation.

The extra premium may be removed on or after the first policy anniversary. *We* must receive satisfactory proof that:

- (1) the impairment or special hazard no longer exists; or
- (2) the *insured* has changed occupation to one which, according to *our* rules, is not hazardous.

If more than one cause contributes to the need for an extra premium, only part of the extra premium may be removed as long as any of the causes still exist.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN ]

[President

Secretary]

Ameritas Life Insurance Corp.



EXTRA PREMIUM ENDORSEMENT

Your policy has been endorsed as follows:

If any change is made to this policy or if it is converted to a new policy, there will still be an additional charge. The extra premium will be based on the same class of risk as this policy.

If the policy has cash value or is converted to a new policy with cash value, the only Lapse Benefit that may be elected is paid-up insurance. Extended term insurance may not be elected as a Lapse Benefit.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN ]

[President

Secretary]

Ameritas Life Insurance Corp.

**EXTRA PREMIUM ENDORSEMENT
FOR WAIVER OF PREMIUM**

Your policy has been endorsed as follows:

The premium shown on the policy schedule for the Waiver of Premium rider includes an extra premium for:

- (1) medical impairment; or
- (2) special hazard; or
- (3) hazardous occupation.

The extra premium may be removed on or after the first policy anniversary. *We* must receive satisfactory proof that:

- (1) the impairment or special hazard no longer exists; or
- (2) the *insured* has changed occupation to one which, according to *our* rules, is not hazardous.

If more than one cause contributes to the need for an extra premium, only part of the extra premium may be removed as long as any of the causes still exist.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN ]

[President

Secretary]

Ameritas Life Insurance Corp.

HAZARDOUS OCCUPATION ENDORSEMENT

Your policy has been endorsed as follows:



The premium shown on the policy schedule includes an extra premium for hazardous occupation. The extra premium will not increase policy values.

The extra premium may be removed on or after the first policy anniversary. *We* must receive satisfactory proof that the *insured* has changed occupation to one which, according to *our* rules, is not hazardous.

If any change is made to this policy or if it is converted to a new policy, there will still be an additional charge for hazardous occupation. The extra premium will be based on the same class of risk as this policy, if such class exists.

If the policy has cash value or is converted to a new policy with cash value, the only Lapse Benefit that may be elected is paid-up insurance. Extended term insurance may not be elected as a Lapse Benefit.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN ]

[President

Secretary]

Ameritas Life Insurance Corp.

PENSION ENDORSEMENT

Notwithstanding anything in this policy to the contrary, the following changes are made effective as of the *policy date*:

OWNERSHIP Provision - The last sentence of the first paragraph is deleted.

BENEFICIARY Provision - The last sentence of the first paragraph is changed to read:

If no contingent beneficiary is living when the *insured* dies, *we* will pay to the *insured's* estate.

PREMIUM REFUND AT DEATH Provision - is changed to read:

The part of any premium paid for the period after the policy month in which the *insured's* death occurs will be refunded and paid to *you*.

DIVIDEND OPTIONS Provision - The last paragraph is changed to read:

By *written notice* to *us*, *you* may withdraw the cash value of any paid-up additions and any amount held under the dividend accumulation option or apply it to any periodic payment option agreeable to both *you* and *us*.

DIVIDEND AFTER DEATH Provision - is changed to read:

Any dividend for the policy year in which the *insured's* death occurs will be paid to *you*. Accumulations of dividends at interest under this policy will also be paid to *you*.

CASH SURRENDER Provision - The first sentence is changed to read:

By *written notice* to *us*, *you* may surrender this policy and withdraw its cash surrender value and the cash surrender value of any rider or apply it to any periodic payment option agreeable to both *you* and *us*.

ENTIRE CONTRACT Provision - A new paragraph is added to read:

We are not a party to nor bound by any trust or plan described in Section 401(a) of the Internal Revenue Code ("Code"). The terms of this policy shall govern *our* rights and duties, notwithstanding any contrary terms of any such trust or plan.

MISSTATEMENT OF AGE OR GENDER Provision - is changed to read:

MISSTATEMENT OF AGE. If the *insured's* age has been misstated on the application, *we* will adjust the policy benefits and values to those that the premium would have purchased at the correct age.

ASSIGNMENT Provision - The first sentence is changed to read:

Unless *you* are a trustee of a trust described in Section 401(a) of the Code, this policy may not be:

- (1) sold; or
- (2) assigned; or
- (3) discounted; or
- (4) pledged as collateral
 - (a) for a loan; or
 - (b) as security for the performance of an obligation; or
 - (c) for any other purpose.

Such a trustee may assign this policy by giving *written notice*.

CLAIMS OF CREDITORS Provision - is changed to read:

The proceeds of this policy will not be subject to the claims of any creditor of the *insured* or of any beneficiary, except as required by law. Neither the *insured* nor any beneficiary will have the right to transfer, assign or otherwise alienate any of the proceeds of this policy.

A new provision, **CONVERSION TO SUPPLEMENTARY CONTRACT**, is added to read:

CONVERSION TO SUPPLEMENTARY CONTRACT. If not terminated, this policy may be converted to a supplementary contract providing a periodic payment option agreeable to both *you* and *us*. Upon the effective date of the conversion, this policy will be surrendered to *us* and the policy's cash surrender value on that date, along with any additional payment required by *us*, will be applied to provide the agreed upon option.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN ]

[President

Secretary]

Ameritas Life Insurance Corp.

RACING EXCLUSION ENDORSEMENT


Your policy is endorsed as follows:

If the *insured's* death results from or is contributed to by riding, driving or participating in any type of motor vehicle racing, the only amount payable by *us* will be the larger of:

- (1) the premiums paid, less dividends paid in cash or used in the payment of premiums; or
- (2) the cash value; or
- (3) the reserve on the face amount of the policy and on any paid-up additions, plus any dividends standing to the credit of this policy.

In no event will the amount payable exceed the amount of insurance in force at death. Any *policy debt* as of the date of death will be deducted from the amount payable.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN ]

[President

Secretary]

Ameritas Life Insurance Corp.

UNISEX ENDORSEMENT

The policy to which this endorsement is attached is amended to a gender-neutral basis. All references to gender are hereby deleted.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN ]

[President

Secretary]

<i>SERFF Tracking Number:</i>	<i>AMFA-126857897</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>47223</i>
<i>Company Tracking Number:</i>	<i>3013-3015</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>3013-3015</i>		
<i>Project Name/Number:</i>	<i>3013-3015/3013-3015</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:	The required compliance certifications and readability certification are attached.	
Attachments:	AR-Readability Certification.pdf AR-Rule & Regulation 19 Certification.pdf AR-Rule & Regulation 49-ACA 23-79-138 Certification.pdf	

	Item Status:	Status Date:
Satisfied - Item:	Application	
Comments:	The complete base application, UN 2550 and simplified issue application UN 92 are attached. These applications include the pages that we are requesting approval for. Approval dates of the component pages are included in the attached Exhibit A.	
Attachments:	AR-UN 2550-Complete Application.pdf AR-UN 92-Complete Application.pdf	

	Item Status:	Status Date:
Satisfied - Item:	Statements of Variability	
Comments:	Statements of Variability are attached.	
Attachments:	3013-Statement of Variability.pdf 3015-Statement of Variability.pdf Applications-Statement of Variability.pdf Riders-Endorsements-Statement of Variability.pdf	

<i>SERFF Tracking Number:</i>	<i>AMFA-126857897</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>47223</i>
<i>Company Tracking Number:</i>	<i>3013-3015</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>3013-3015</i>		
<i>Project Name/Number:</i>	<i>3013-3015/3013-3015</i>		

Item Status:**Status****Date:**

Satisfied - Item: Exhibit A - Previously Approved Forms

Comments:

We are attaching an Exhibit A which outlines previously approved forms to be used with these products.

Attachment:

Exhibit A-Previously Approved-Pending Forms-AR.pdf

STATE OF ARKANSAS

CERTIFICATION OF READABILITY

INSURER: Ameritas Life Insurance Corp.

hereby certifies that this filing achieves a Flesch Reading Ease Test Score as stated below:

Form Number	Form Title	Flesch Score
3013	Whole Life Policy	53
3015	Whole Life Policy	54
UN 2550 PD 11-10	Application for Insurance/Policy Details	54 when scored with policy
UN 92 PD 11-10	Application for Insurance /Policy Details	54 when scored with policy
UN 3100 11-10	Short Form Life Application	55
UN 3100 AG 11-10	Short Form Life Application/Agreement	53 when scored with policy
ADBR 11-10 AR	Accidental Death Benefit Rider	51
CIRWL 11-10	Children's Insurance Rider	52
GIRWL 11-10	Guaranteed Insurability Rider	52
LTRWL 11-10	Level Term Rider	52 when scored with policy
OYTRWL 11-10	One-Year Term Rider	51 when scored with policy
PURWL 11-10	Paid-Up Rider	50
TDBRWL 11-10	Total Disability Benefit Rider	51 when scored with policy
TPULRWL 11-10	One-Year Term and Paid-Up Life Insurance Rider	52 when scored with policy
WPR 11-10	Waiver of Premium Rider	52 when scored with policy
AEECWL 11-10	Aviation Exclusion Endorsement - Civil	56
AEEMWL 11-10	Aviation Exclusion Endorsement - Military	56
AHEWL 11-10	Aviation Hazard Endorsement	50
EPEADB 11-10	Extra Premium Endorsement for Accidental Death Benefit	53 when scored with policy
EPEWL 11-10	Extra Premium Endorsement	53
EPEWP 11-10	Extra Premium Endorsement for Waiver of Premium	53 when scored with policy
HOEWL 11-10	Hazardous Occupation Endorsement	53 when scored with policy
PEWL 11-10	Pension Endorsement	52
REEWL 11-10	Racing Exclusion Endorsement	56
UE 11-10	Unisex Endorsement	56 when scored with policy



SIGNATURE:

TYPED NAME:

Robert G. Lange
VP, General Counsel and Assistant Secretary

DATE:

November 1, 2010

STATE OF ARKANSAS
Rule and Regulation 19 Certification

Insurer: **Ameritas Life Insurance Corp.**

We hereby certify that we have reviewed Rule and Regulation 19 and Ameritas Life Insurance Corp. meets the provisions of said Rule and Regulation, as well as all applicable requirements of your Department regarding Unfair Sex Discrimination in the Sale of Insurance.



SIGNATURE:

TYPED NAME:

Robert G. Lange
VP, General Counsel and Assistant Secretary

DATE:

November 1, 2010

STATE OF ARKANSAS
Rule and Regulation 49 Certification
ACA 23-79-138 Certification

Insurer: **Ameritas Life Insurance Corp.**

We hereby certify that we have reviewed Rule and Regulation 49 and Ameritas Life Insurance Corp. is in compliance regarding Life and Health Insurance Guaranty Association Notices.

We also certify that we have reviewed ACA 23-79-138 and Ameritas Life Insurance Corp. is in compliance regarding the use of Complaint Notices



SIGNATURE:

TYPED NAME:

Robert G. Lange
VP, General Counsel and Assistant Secretary

DATE:

November 1, 2010

CHECK ALL COMPANIES THAT APPLY:

- ☐ **Acacia Life Insurance Company** P.O. Box 81889, Lincoln, NE 68501 800-745-1112 Fax 402-467-7335 (Client Service Department)
- ☐ **Ameritas Life Insurance Corp.** P.O. Box 81889, Lincoln, NE 68501 800-745-1112 Fax 402-467-7335
- ☐ **The Union Central Life Insurance Company** P.O. Box 40888, Cincinnati, OH 45240 800-319-6901, Fax 513-595-2352

Application for Insurance

Personal Information

1. Proposed Insured (One):

- a) Name: _____
- b) Date of Birth: _____ c) Sex: ☐ Male ☐ Female
- d) Place of Birth: _____
- e) Social Security/Tax ID No.: _____
- f) Driver's License or other Government issued picture ID: _____ State: _____
- g) Home Address: _____
City: _____ State: _____ Zip: _____
- h) Years at this Address: _____
- i) Tel. (Home): _____
(Business): _____
Fax: _____
E-mail: _____
Best time to call: _____ at: ☐ Business ☐ Home
In the event you are not available when our interviewer calls, may we speak with your spouse? ☐ Yes ☐ No
- j) Residency Status: ☐ U.S. Resident ☐ Other: _____
- k) Are you a U.S. Citizen: ☐ Yes ☐ No If "No," complete Foreign National form UN 0918 and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- l) Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
- m) Occupation: _____ Years: _____
- n) Duties: _____

2. Owner Information (One): (Complete only if Owner is other than Proposed Insured.)

- a) ☐ Individual b) ☐ Trust (provide copy) c) ☐ Partnership
- d) ☐ Corporation: County of Incorporation: _____
- e) Full Name: _____
- f) Relationship to Proposed Insured(s): _____
- g) Trustee(s) Name: _____
- h) Date of Birth or Date of Trust: _____
- i) Social Security/Tax ID No.: _____
- j) Driver's License or other Government issued picture ID: _____ State: _____
- k) Address: _____
City: _____ State: _____ Zip: _____
- l) Tel. (Home): _____ (Business): _____
Fax: _____ E-mail: _____
- m) Residency Status: ☐ U.S. Resident ☐ Other: _____
- n) Are you a U.S. Citizen: ☐ Yes ☐ No If "No," complete Foreign National form UN 0918 and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- o) Multiple Ownership (indicate type):
☐ Joint with Survivorship
☐ Tenants in Common
- p) Successor Owner:
Name: _____
Social Security/Tax ID No.: _____

3. Beneficiary Information: (Subject to change by Owner.)

- a) Primary Beneficiary: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to Proposed Insured: _____
Social Security/Tax ID: _____
Date of Birth or Date of Trust: _____

- b) Contingent Beneficiary: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to Proposed Insured: _____
Social Security/Tax ID: _____
Date of Birth or Date of Trust: _____

Application for Insurance

Personal Information (continued)

Acacia Life Insurance Company
P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335

The Union Central Life Insurance Company
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2352

1. Proposed Insured (Two):

- a) Name: _____
- b) Date of Birth: _____ c) Sex: ☐ Male ☐ Female
- d) Place of Birth: _____
- e) Social Security/Tax ID No.: _____
- f) Driver's License or other Government issued ID: _____ State: _____
- g) Home Address: _____
City: _____ State: _____ Zip: _____
- h) Years at this Address: _____
- i) Tel. (Home): _____
(Business): _____
Fax: _____
E-mail: _____
Best time to call: _____ at: ☐ Business ☐ Home
- In the event you are not available when our interviewer calls,
may we speak with your spouse? ☐ Yes ☐ No
- j) Residency Status: ☐ U.S. Resident ☐ Other: _____
- k) Are you a U.S. Citizen: ☐ Yes ☐ No If "No," complete
Foreign National form UN 0918 and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- l) Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
- m) Occupation: _____ Years: _____
- n) Duties: _____

3. Proposed Insured: (Child One or Other.)

- a) Name: _____
- b) Relationship: _____
- c) Date of Birth: _____ d) Sex: ☐ Male ☐ Female
- e) Place of Birth: _____
- f) Social Security No.: _____
- g) Ins. in Force/Company: _____
- h) Driver's License No.: _____

2. Owner Information (Two): (Complete only if Owner is other than Proposed Insured.)

- a) ☐ Individual b) ☐ Trust (provide copy) c) ☐ Partnership
- d) ☐ Corporation: County of Incorporation: _____
- e) Full Name: _____
- f) Relationship to Proposed Insured(s): _____
- g) Trustee(s) Name: _____
- h) Date of Birth or Date of Trust: _____
- i) Social Security/Tax ID No.: _____
- j) Driver's License or other Government issued ID: _____ State: _____
- k) Address: _____

City: _____ State: _____ Zip: _____
- l) Tel. (Home): _____ (Business): _____
Fax: _____ E-mail: _____
- m) Residency Status: ☐ U.S. Resident ☐ Other: _____
- n) Are you a U.S. Citizen: ☐ Yes ☐ No If "No," complete
Foreign National form UN 0918 and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- o) Multiple Ownership (indicate type):
☐ Joint with Survivorship
☐ Tenants in Common
- p) Successor Owner:
Name: _____
Social Security/Tax ID No.: _____

4. Proposed Insured: (Child Two or Other.)

- a) Name: _____
- b) Relationship: _____
- c) Date of Birth: _____ d) Sex: ☐ Male ☐ Female
- e) Place of Birth: _____
- f) Social Security No.: _____
- g) Ins. in Force/Company: _____
- h) Driver's License No.: _____

1. Universal Life:

- a) Specified Amount (base only): \$ _____
Plan of Insurance: _____
- b) Death Benefit Option:
 - ☐ Option A (Specified Amount)
 - ☐ Option B (Specified Amount plus Account Value)
 - ☐ Option C (Return of Premium)
- c) Life Insurance Qualification Test:
 - ☐ GPT (Guideline Premium Test)
 - ☐ CVAT (Cash Value Accumulation Test)
- d) Planned Periodic Premium (modal): \$ _____
Additional First-Year Premium (lump-sum deposits): \$ _____
- e) Single Life Supplementary Benefits:
 - ☐ Accelerated Benefit Rider (include Disclosure Statement)
 - ☐ Accidental Death Benefit Rider: \$ _____
 - ☐ Accounting Benefit Rider: \$ _____
 - ☐ Children's Insurance Rider: \$ _____
 - ☐ Guaranteed Insurability Rider: \$ _____
 - ☐ Scheduled Increase Rider _____%
 - ☐ Supplemental Coverage Rider: \$ _____
 - ☐ Term Insurance Rider: \$ _____
 - ☐ Total Disability Rider: \$ _____
 - ☐ Waiver of Monthly Deduction Rider
 - ☐ Other: _____
- f) Indexed UL Account Allocations:
 - _____% Fixed Account: a current interest rate.
 - _____% Capped Participation Account: a 100% participation rate on a limited percentage increase in the S & P Index.
 - _____% Uncapped Participation Account: a lower participation rate on unlimited percentage increases in the S & P Index.
 - 100** % Total

2. Whole Life:

- a) Specified Amount: \$ _____
Plan of Insurance: _____
- b) Dividend Option:
 - ☐ Paid-Up Additions
 - ☐ Cash
 - ☐ Accumulate at Interest
 - ☐ Reduce Premium (not on monthly modes)
 - ☐ One-Year Term
 - ☐ Other: _____
- c) Nonforfeiture Option:
 - ☐ Extended Term Insurance
 - ☐ Reduce Paid-Up
 - ☐ Automatic Premium Loan

2. Whole Life (continued):

- d) Supplementary Benefits:
 - ☐ Accelerated Benefits Rider (include Disclosure Statement)
 - ☐ Accidental Death Benefit Rider: \$ _____
 - ☐ Children's Insurance Rider: \$ _____
 - ☐ Guaranteed Insurability Rider: \$ _____
 - ☐ Level Term Rider: \$ _____
 - ☐ One-Year Term Rider: \$ _____
 - ☐ Paid-Up Rider:
 - ☐ Annual Premium: \$ _____
 - ☐ Single Premium: \$ _____
 - ☐ Term Paid-Up Rider (TPL): \$ _____
 - ☐ Total Disability Benefit Rider
 - ☐ Waiver of Premium Rider
 - ☐ Other: _____

3. Premium:

- a) Send Premium Notices to: ☐ Residence ☐ Business
 - ☐ Owner
 - ☐ Insured
 - ☐ Other: (Specify relationship and address) _____
- b) Premium Frequency:
 - ☐ Annual
 - ☐ Semi-Annual
 - ☐ Quarterly
 - ☐ Electronic Fund Transfer (complete EFT form)
 - ☐ Salary Allotment
 - ☐ Other: _____
- c) Has any premium been given in connection with this application? ☐ Yes ☐ No (If "Yes," state amount paid for which conditional receipt has been given; the terms of which are hereby agreed to.)
Amount: \$ _____
- d) Association Discount:
 - ☐ Yes ☐ No (If "Yes," provide IPN.)
 - Association IPN: _____

Acacia Life Insurance Company
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800-745-1112 Fax 402-467-7335

The Union Central Life Insurance Company
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2352

Universal Life / Traditional Life / VUL Financial Information

1. Existing and Pending Insurance - Proposed Insured(s):

- | | Proposed
Insured One | Proposed
Insured Two |
|---|-------------------------|-------------------------|
| a) Total insurance in force on the Proposed Insured(s). | \$ _____ | \$ _____ |
| b) Total insurance currently pending with all companies, including this application. | \$ _____ | \$ _____ |
| c) Of the above pending amount, how much do you intend to accept? \$ _____ | \$ _____ | \$ _____ |
| d) Provide information for each policy in force on the Proposed Insured(s). (Attach additional page if necessary.) | | |
| Proposed Insured: <input type="checkbox"/> One <input type="checkbox"/> Two | | |
| Company: _____ | | |
| Group, Personal or Business: _____ | | |
| Issue Date: _____ | | |
| To Remain in Force? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Face Amount: _____ | | |
| Proposed Insured: <input type="checkbox"/> One <input type="checkbox"/> Two | | |
| Company: _____ | | |
| Group, Personal or Business: _____ | | |
| Issue Date: _____ | | |
| To Remain in Force? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Face Amount: _____ | | |
| e) Have you ever sold, assigned, or pledged as collateral a life insurance policy, or an interest in a life insurance policy? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," give details.) _____ | | |

2. Existing Insurance (Replacement):

- a) Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No (If "Yes," complete a Replacement Notice if required by State Law.)
- b) Will any life insurance policy or annuity contract presently in force with this or any other company be discontinued, reduced, changed, or replaced if insurance now applied for is issued?
- ☐ Yes ☐ No (If "Yes," give details.) _____

Company: _____ Policy No.: _____

Amount: \$ _____ Date: _____

Type of Policy: _____

3. Insurance Producer's Replacement Statement:

- a) To the best of your knowledge, does the applicant have any existing insurance policies or contracts? ☐ Yes ☐ No
- b) To the best of your knowledge, does the policy applied for involve replacement, in whole or in part, of any existing life insurance, annuity, disability income or overhead expense insurance, or any other accident and sickness insurance?
- ☐ Yes ☐ No (If "Yes," give details.) _____
- Company: _____ Policy No.: _____
- c) Will a policy loan on one or more policies be utilized to pay any portion of the initial premium or deposit on the policy applied for?
- ☐ Yes ☐ No (If "Yes," give policy number(s) involved.) _____

4. Statement of Intent:

- a) Is there, or will there be, any agreement or understanding that provides for a party, other than the Owner, to obtain any interest in any policy issued on the life of the proposed insured as a result of this application? ☐ Yes ☐ No
- b) Will the premiums be financed through a loan? ☐ Yes ☐ No (If "Yes," list: lender, duration of loan, and collateral required.) _____
- c) Will any entity other than a life insurance company be medically evaluating the proposed insured either to obtain financing or to determine life expectancy? ☐ Yes ☐ No (If "Yes," give details.) _____
- d) Will the policy, if issued, be placed in a trust? ☐ Yes ☐ No (If "Yes," give details and provide copy of trust.) _____

5. Financial Questions:

- | | Proposed
Insured One | Proposed
Insured Two |
|--|--|-------------------------|
| a) Gross annual earned income: (salary, commissions, bonuses, etc.) | \$ _____ | \$ _____ |
| b) Gross annual unearned income: (dividend, interest, net real estate income, etc.) | \$ _____ | \$ _____ |
| c) Household net worth: \$ _____ | | |
| d) In the last 5 years, has either of the Proposed Insured(s) or the business had any major financial problems (bankruptcy, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," give details.) _____ | |
| e) If Owner, other than the proposed insured, is an individual: | | |
| Net Worth: \$ _____ | | |
| Net Annual Income: \$ _____ | | |
| Total Family Income: \$ _____ | | |

6. Source of Premiums: (Check one or more.)

- ☐ Current Income ☐ Cash Savings ☐ Employer
- ☐ Securities ☐ Relative ☐ Premium Finance
- ☐ Sale of personal property or real estate.
- ☐ Insurance/Annuities (Loans/Withdrawals).
- ☐ 1035 Exchange
- ☐ Insurance or annuity maturity value or death benefit.
- ☐ Rollover/Transfer of 401(k) or Pension Funds.
- ☐ Other: _____

7. Business Insurance: (Complete for ALL Business Owned Insurance.)

- | | Current Year | Previous Year |
|---|--|---------------|
| a) Assets: | \$ _____ | \$ _____ |
| b) Liabilities: | \$ _____ | \$ _____ |
| c) Gross Sales: | \$ _____ | \$ _____ |
| d) Net Income after taxes: | \$ _____ | \$ _____ |
| e) Fair Market Value of the business: | \$ _____ | \$ _____ |
| f) What percentage of the business is owned by Proposed Insured(s)? _____ % | | |
| g) Are other partners / owners / executives being insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," give details.) _____ | |

Application for Insurance Lifestyle Questionnaire

Acacia Life Insurance Company
P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335

The Union Central Life Insurance Company
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2352

Lifestyle Questions: (Please provide details for "Yes" answers.)

Has any person proposed for coverage:

1. Used tobacco or nicotine products in any form within the last five years? (In Details, provide dates and type: cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches, gum, etc.) ☐ Yes ☐ No
2. Ever applied for insurance or reinstatement which has been: declined, postponed, rated, modified; or had any such insurance canceled or a renewal premium refused? (In Details, provide date, reason, and company name.) ☐ Yes ☐ No
3. Ever received or claimed: indemnity, benefits, or a payment for any injury, sickness or impaired condition? ☐ Yes ☐ No
4. Ever made any flights as: a pilot, student pilot, or crew member of any aircraft? (If "Yes," complete Aviation Questionnaire.) ☐ Yes ☐ No
5. Been convicted of a moving traffic violation, had any traffic accidents, or had a driver's license revoked or suspended within the past five years? ☐ Yes ☐ No
6. Been charged with, or convicted of, or currently awaiting trial on the violation of any criminal law? ☐ Yes ☐ No
7. In the next year, any intention of traveling outside the U.S. or Canada or residing outside of the U.S.? (If "Yes," complete Foreign Travel Questionnaire.) ☐ Yes ☐ No
8. Belong to or intend joining: any active or reserve military, naval, or aeronautic organization? (If "Yes," complete Military Service Questionnaire.) ☐ Yes ☐ No
9. Engaged in or plan to engage in any form of the following: (If "Yes," check all boxes below that apply and complete appropriate form(s).) ☐ Yes ☐ No

- | | |
|--|---|
| <input type="checkbox"/> Motorized Racing | <input type="checkbox"/> Scuba diving |
| <input type="checkbox"/> Parachuting/Skydiving | <input type="checkbox"/> Hang-gliding |
| <input type="checkbox"/> Ballooning | <input type="checkbox"/> Mountain climbing |
| <input type="checkbox"/> Rodeo | <input type="checkbox"/> Competitive skiing |
| <input type="checkbox"/> Snowmobiling | <input type="checkbox"/> Gliding |
| <input type="checkbox"/> Boat racing | <input type="checkbox"/> Other: _____ |

Proposed Insured One - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and timeframe.)

Proposed Insured Two - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and timeframe.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Application for Insurance Health Questionnaire

Acacia Life Insurance Company
P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335

The Union Central Life Insurance Company
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2352

Name of Proposed Insured: _____

Health Questions. Please complete Details for "Yes" answers.

1. a) Height: _____ b) Weight: _____
 c) Have you lost 10 lbs. or more in the past 12 months? ☐ Yes ☐ No
 d) Have you gained 10 lbs. or more in the past 12 months? ☐ Yes ☐ No
2. Have you ever been medically treated for or had any known indication of:
 - a) Disorder of eyes, ears, nose, or throat? ☐ Yes ☐ No
 - b) Dizziness, vertigo, fainting, seizures, recurrent headache; speech defect, paralysis, or stroke? ☐ Yes ☐ No
 - c) Shortness of breath, bronchitis, pleurisy, asthma, emphysema, tuberculosis or chronic respiratory disorder? ☐ Yes ☐ No
 - d) Chest pain, palpitation, high blood pressure, heart murmur, heart attack or other disorder of the heart or blood vessels? ☐ Yes ☐ No
 - e) Jaundice, intestinal bleeding; ulcer, hernia, colitis, hepatitis, diverticulitis, recurrent indigestion or other disorder of the stomach, intestines, liver or gallbladder? ☐ Yes ☐ No
 - f) Sugar, albumin, blood or pus in urine; sexually transmitted disease; stone or other disorder of kidney or bladder? ☐ Yes ☐ No
 - g) Diabetes, thyroid, or other endocrine disorders? ☐ Yes ☐ No
 - h) Disorder of breasts, reproductive organs, or prostate? ☐ Yes ☐ No
 - i) Neuritis, arthritis, rheumatism, gout, or disorder of or injury to the bones, muscles, nerves, knees, wrists or other joints? ☐ Yes ☐ No
 - j) Disorder of skin, lymph glands, cyst, tumor or cancer? ☐ Yes ☐ No
 - k) Allergies; anemia or other disorder of the blood? ☐ Yes ☐ No
 - l) Spinal, neck or back disorder or injury, including sprains, strains, or disc disorder? ☐ Yes ☐ No
 - m) Anxiety, depression, stress or other mental, nervous, psychiatric or emotional disorder? ☐ Yes ☐ No
 - n) Chronic fatigue, fibromyalgia, or Epstein-Barr virus? ☐ Yes ☐ No
 - o) C-section, miscarriage, or complication of pregnancy? ☐ Yes ☐ No
 - p) Any mental or physical disorder not listed above? ☐ Yes ☐ No
3. Have you ever consulted a chiropractor? ☐ Yes ☐ No
4. Are you currently pregnant? ☐ Yes ☐ No
5. Other than noted above, have you within the past five years:
 - a) Had a checkup, consultation, illness, injury, or surgery; been a patient in a hospital, clinic, sanatorium, or other medical facility; had an electrocardiogram, X-ray, or other diagnostic test? ☐ Yes ☐ No
 - b) Been advised by a licensed medical professional to have any diagnostic test, hospitalization, or surgery which was not completed? ☐ Yes ☐ No
6. Within the past ten years, have you ever:
 - a) Used marijuana, cocaine, barbiturates, tranquilizers, heroin, LSD, amphetamines, morphine, narcotics; or any other drug, except as legally prescribed by a physician? ☐ Yes ☐ No
 - b) Sought or received medical treatment or professional advice; or been arrested for the use of alcohol, cocaine, marijuana, narcotics or any other drug? ☐ Yes ☐ No
 - c) Consumed alcoholic beverages? If yes, specify extent? ☐ Yes ☐ No

7. Have you been diagnosed by a licensed medical professional as having Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)? ☐ Yes ☐ No

8. Have any of your immediate family members (parents, brothers and sisters), died of or been diagnosed as having; coronary artery disease, diabetes, cancer, stroke or kidney disease, prior to age 60? ☐ Yes ☐ No

Age if Living	Cause of Death	Age at Death
Father: _____	_____	_____
Mother: _____	_____	_____
Brothers & Sisters: _____	_____	_____

9. a) Name and address of personal or attending doctor:

b) Telephone: _____
 c) Date last consulted: _____
 Reason and any medication/treatment given: _____

d) List any medications (*prescription or nonprescription*) you are taking currently:

For each "Yes" answer, give details. (*Identify: question number, diagnoses, dates, duration, names and addresses of all attending physicians and medical facilities. Attach additional Health Questionnaire page, UN 2550 HQ, if needed.*)

Application for Insurance Agreement

Acacia Life Insurance Company
P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335

The Union Central Life Insurance Company
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2352

Agreement

The undersigned represent that their statements in this application and Part II, if such Part II is required by the companies listed above ("the Companies"), are true and complete to the best of their knowledge and belief. It is agreed that:

- (a) the only statements to be considered as the basis of the policy are those contained in the application or in any amendment to the application;
- (b) any prepayment made with this application will be subject to the provisions of the CONDITIONAL RECEIPT;
- (c) **if there is no prepayment made with this application, the policy will not take effect until:**
 - (1) the first premium is paid during the lifetime of the proposed insured(s) and while his/her health and the facts and other conditions affecting their insurability remain as described in this application and Part II, if required; and**
 - (2) the policy is delivered to the Owner;**
- (d) no one except the President, a Vice President, the Secretary, or an Assistant Secretary can make, alter or discharge contracts or waive any of the Companies' rights or requirements; and
- (e) this application was signed and dated in the state indicated.

If applying for an indeterminate premium plan:

- (a) the premium for such plan is guaranteed for the initial guarantee period, and after such period, the current annual premium is not guaranteed and may change; and
- (b) the premium will never exceed the specified maximum.

Fraud Notice

Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Dated at: _____
City State Month Day Year

Print or Type Proposed Insured Name.

X

Signature of Proposed Insured.

Print or Type Name of Other Proposed Insured.

X

Signature of Other Proposed Insured.

Print or Type Owner if not Proposed Insured.

X

Signature of Owner if not Proposed Insured.

Print or Type Insurance Producer Name.

Producer No./Sit. Code.

X

Signature of Licensed Soliciting Producer.

Producer State Lic. No.

Print or Type Insurance Producer Name.

Producer No./Sit. Code.

X

Signature of Licensed Soliciting Producer.

Producer State Lic. No.

Agency Name.

Agency No.

Taxpayer Identification Number (TIN)

Social Security Number

Employer Identification Number

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct TIN (or I am waiting for a number to be issued to me); and
- 2) I am not subject to backup withholding either because: (a) I am exempt from backup withholding; (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

- 3) I am a U.S. Citizen or other U.S. Person (including a U.S. resident alien).

Cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

X

Signature of Owner, Trustee/Employer

Date

Application for Insurance

Personal Information

CHECK ALL COMPANIES THAT APPLY:

☐ **Acacia Life Insurance Company**
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

☐ **Ameritas Life Insurance Corp.**
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335

☐ **The Union Central Life Insurance Company**
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2218
(Client Service Department)

1. Proposed Insured:

- a) Name: _____
- b) Date of Birth: _____ c) Sex: ☐ Male ☐ Female
- d) Place of Birth: _____
- e) Social Security/Tax ID No.: _____
- f) Driver's License or other Government issued picture ID: _____ State: _____
- g) Home Address: _____
City: _____ State: _____ ZIP: _____
- h) Tel. (Home): _____
(Business): _____
Fax: _____
E-mail: _____
Best time to call: _____ at: ☐ Business ☐ Home
In the event you are not available when our interviewer calls, may we speak with your spouse? ☐ Yes ☐ No
- i) Residency Status: ☐ U.S. Resident ☐ Other: _____
- j) Are you a U.S. Citizen: ☐ Yes ☐ No
If "No," complete Foreign National form UN 0918 and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- k) Employer Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
- l) Occupation: _____ Years: _____
- m) Duties: _____

2. Owner Information:

(Complete only if Owner is other than Proposed Insured.)

- a) ☐ Individual b) ☐ Trust (provide copy) c) ☐ Partnership
- d) ☐ Corporation: State of Incorporation: _____
- e) Full Name: _____
- f) Relationship to Proposed Insured(s): _____
- g) Trustee(s) Name: _____
- h) Date of Birth or Date of Trust: _____
- i) Social Security/Tax ID No.: _____
- j) Driver's License or other Government issued picture ID: _____ State: _____
- k) Address: _____
City: _____ State: _____ ZIP: _____
- l) Residency Status: ☐ U.S. Resident ☐ Other: _____
- m) Are you a U.S. Citizen: ☐ Yes ☐ No
If "No," complete Foreign National form UN 0918 and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____

3. Beneficiary Information: (Subject to change by Owner.)

- a) Primary Beneficiary: _____
Address: _____
City: _____ State: _____ ZIP: _____
Relationship to Proposed Insured: _____
Social Security/Tax ID: _____
Date of Birth or Date of Trust: _____
- b) Contingent Beneficiary: _____
Address: _____
City: _____ State: _____ ZIP: _____
Relationship to Proposed Insured: _____
Social Security/Tax ID: _____
Date of Birth or Date of Trust: _____



Companies

Ameritas Life Insurance Corp.

[P.O. Box 40888 Cincinnati, OH 45240]

[800-319-6901, Fax 513-595-2218]

(Client Service Office)

Universal Life/Traditional Life

Policy Details

1. Universal Life:

- a) Specified Amount (*base only*): \$ _____
Plan of Insurance: _____
- b) Death Benefit Option:
☐ Option A (*Specified Amount*)
☐ Option B (*Specified Amount plus Account Value*)
☐ Option C (*Return of Premium*)
- c) Life Insurance Qualification Test:
☐ GPT (*Guideline Premium Test*)
☐ CVAT (*Cash Value Accumulation Test*)
- d) Planned Periodic Premium (*modal*): \$ _____
Additional First-Year Premium (*lump-sum deposits*): \$ _____
- e) Single Life Supplementary Benefits:
☐ Accelerated Benefit Rider (*include Disclosure Statement*)
☐ Accidental Death Benefit Rider: \$ _____
☐ Accounting Benefit Rider: \$ _____
☐ Guaranteed Insurability Rider: \$ _____
☐ Scheduled Increase Rider _____ %
☐ Supplemental Coverage Rider: \$ _____
☐ Total Disability Rider: \$ _____
☐ Waiver of Monthly Deduction Rider
☐ Other: _____
- f) Indexed UL Account Allocations:
____ % Fixed Account: a current interest rate.
____ % Capped Participation Account: a 100% participation rate on a limited percentage increase in the S & P Index.
____ % Uncapped Participation Account: a lower participation rate on unlimited percentage increases in the S & P Index.
100 % Total

2. Whole Life:

- a) Specified Amount: \$ _____
Plan of Insurance: _____
- b) Dividend Option:
☐ Paid-Up Additions
☐ Cash
☐ Accumulate at Interest
☐ Reduce Premium (*not on monthly modes*)
☐ One-Year Term
☐ Other: _____
- c) Nonforfeiture Option:
☐ Extended Term Insurance
☐ Reduce Paid-Up
☐ Automatic Premium Loan

2. Whole Life (*continued*):

- d) Supplementary Benefits:
☐ Accelerated Benefits Rider (*include Disclosure Statement*)
☐ Accidental Death Benefit Rider: \$ _____
☐ Guaranteed Insurability Rider: \$ _____
☐ Level Term Rider: \$ _____
☐ One-Year Term Rider: \$ _____
☐ Paid-Up Rider:
☐ Annual Premium: \$ _____
☐ Single Premium: \$ _____
☐ Term Paid-Up Rider (TPL): \$ _____
☐ Total Disability Benefit Rider
☐ Waiver of Premium Rider
☐ Other: _____

3. Premium:

- a) Send Premium Notices to: ☐ Residence ☐ Business
☐ Owner
☐ Insured
☐ Other: (*Specify relationship and address*)

- b) Premium Frequency:
☐ Annual
☐ Semi-Annual
☐ Quarterly
☐ Electronic Fund Transfer (*complete EFT form*)
☐ Salary Allotment
☐ Other: _____
- c) Has any premium been given in connection with this application? ☐ Yes ☐ No (*If "Yes," state amount paid for which conditional receipt has been given; the terms of which are hereby agreed to.*)
Amount: \$ _____
- d) Association Discount:
☐ Yes ☐ No (*If "Yes," provide IPN.*)
Association IPN: _____

Acacia Life Insurance Company

P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.

P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335

The Union Central Life Insurance Company

P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2218
(Client Service Department)

Universal Life / Traditional Life / VUL

• Financial Information

• Lifestyle and Health Questionnaire

FINANCIAL INFORMATION

1. Existing and Pending Insurance - Proposed Insured:

- a) Total insurance in force on the Proposed Insured. \$ _____
- b) Total insurance currently pending with all companies, including this application. \$ _____

2. Existing Insurance (Replacement):

- a) Do you have any existing life insurance policies or annuity contracts? (If "Yes," complete a Replacement Notice if required by State Law.) ☐ Yes ☐ No
- b) Will any life insurance policy or annuity contract presently in force with this or any other company be discontinued, reduced, changed, or replaced if insurance now applied for is issued? (If "Yes," give details.) ☐ Yes ☐ No

Company: _____

Policy No.: _____ Type of Policy: _____

Amount: \$ _____ Date: _____

3. Insurance Producer's Replacement Statement:

- a) To the best of your knowledge, does the applicant have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No
- b) To the best of your knowledge, does the policy applied for involve replacement, in whole or in part, of any existing life insurance, annuity, disability income or overhead expense insurance, or any other accident and sickness insurance? (If "Yes," give details.) ☐ Yes ☐ No

Company: _____

Policy No.: _____

- c) Will a policy loan on one or more policies be utilized to pay any portion of the initial premium or deposit on the policy applied for? ☐ Yes ☐ No

(If "Yes," give policy number(s) involved.) _____

4. Source of Premiums: (Check one or more.)

- ☐ Current Income ☐ Cash Savings ☐ Employer
☐ Securities ☐ Relative ☐ Premium Finance
☐ Sale of personal property or real estate ☐ 1035 Exchange
☐ Insurance or annuity maturity value or death benefit
☐ Insurance/Annuities (Loans/Withdrawals)
☐ Rollover/Transfer of 401(k) or Pension Funds
☐ Other: _____

LIFESTYLE QUESTIONS (Please provide details for "Yes" answers.)

1. Have you used tobacco or nicotine products in any form within the last five years? (In Details, provide dates and type: cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches, gum, etc.) ☐ Yes ☐ No
2. Have you ever applied for insurance or reinstatement which has been: declined, postponed, rated, modified; or had any such insurance canceled or a renewal premium refused? (In Details, provide date, reason, and company name.) ☐ Yes ☐ No
3. Have you ever made any flights as: a pilot, student pilot, or crew member of any aircraft? (If "Yes," complete Aviation Questionnaire.) ☐ Yes ☐ No
4. Have you engaged in or plan to engage in any form of: motorized racing, scuba diving, parachuting, sky diving, hang gliding, ballooning, mountain climbing, rodeo, competitive skiing, snowmobiling, gliding, boat racing or any other hazardous sport? (If "Yes," complete appropriate form(s).) ☐ Yes ☐ No

HEALTH QUESTIONS (Please provide details for "Yes" answers.)

1. a) Height: _____ b) Weight: _____
2. Have you ever been medically treated for or had any known indication of:
- a) Chest pain, palpitation, high blood pressure, heart murmur, heart attack or other disorder of the heart or blood vessels? ☐ Yes ☐ No
- b) Diabetes, thyroid, or other endocrine disorders? ☐ Yes ☐ No
- c) Disorder of skin, lymph glands, cyst, tumor or cancer? ☐ Yes ☐ No
3. Within the past 10 years, have you:
- a) Used marijuana, cocaine, barbiturates, tranquilizers, heroin, LSD, amphetamines, morphine, narcotics; or any other drug, except as legally prescribed by a physician? ☐ Yes ☐ No
- b) Consumed alcoholic beverages? ☐ Yes ☐ No
- If "Yes," specify extent: _____
4. Have you been diagnosed by a licensed medical professional as having Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)? ☐ Yes ☐ No
5. a) Name and address of personal or attending physician:

b) Phone: _____ c) Date last consulted: _____

d) Reason and any medication/treatment given:

e) List any medications (prescription or nonprescription) you are currently taking: _____

Details. For each "Yes," answer, provide question number, diagnoses, dates, duration, names and addresses of all attending physicians and medical facilities. Attach additional sheet if needed.



Companies

Application for Insurance Agreement

Acacia Life Insurance Company

P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.

P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335

The Union Central Life Insurance Company

P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2218
(Client Service Department)

Agreement

The undersigned represent that their statements in this application and Part II, if such Part II is required by the companies listed above ("the Companies"), are true and complete to the best of their knowledge and belief. It is agreed that:

- (a) the only statements to be considered as the basis of the policy are those contained in the application or in any amendment to the application;
- (b) any prepayment made with this application will be subject to the provisions of the CONDITIONAL RECEIPT;
- (c) **if there is no prepayment made with this application, the policy will not take effect until:**
 - (1) **the first premium is paid during the lifetime of the proposed insured and while his/her health and the facts and other conditions affecting their insurability remain as described in this application and Part II, if required; and**
 - (2) **the policy is delivered to the Owner;**
- (d) no one except the President, a Vice President, the Secretary, or an Assistant Secretary can make, alter or discharge contracts or waive any of the Companies' rights or requirements; and
- (e) this application was signed and dated in the state indicated.

If applying for an indeterminate premium plan:

- (a) the premium for such plan is guaranteed for the initial guarantee period, and after such period, the current annual premium is not guaranteed and may change; and
- (b) the premium will never exceed the specified maximum.

Fraud Notice

Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Dated at: _____
City State Month Day Year

Print or Type Proposed Insured Name.

X
Signature of Proposed Insured.

Print or Type Owner if not Proposed Insured.

X
Signature of Owner if not Proposed Insured.

Print or Type Insurance Producer Name. Producer No./Sit. Code.

X
Signature of Licensed Soliciting Producer. Producer State Lic. No.

Print or Type Insurance Producer Name. Producer No./Sit. Code.

X
Signature of Licensed Soliciting Producer. Producer State Lic. No.

Agency Name. Agency No.

Taxpayer Identification Number (TIN)

Social Security Number

Employer Identification Number

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct TIN (or I am waiting for a number to be issued to me); and
- 2) I am not subject to backup withholding either because: a) I am exempt from backup withholding; (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

- 3) I am a U.S. Citizen or other U.S. Person (including a U.S. resident alien).

Cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

X
Signature of Owner, Trustee/Employer Date

Ameritas Life Insurance Corp.

**Statement of Variability
Policy 3013**

POLICY COVER: The following information is bracketed on the policy cover:

1. (a) **Client Service Office Phone Number**
(b) **Client Service Office Fax Number**
(c) **Client Service Office Address**
(d) **Insured**
This information is personalized to the policy purchased. It is included as John Doe specimen information in the submitted policy.
(e) **Policy Number**
This information is personalized to the policy purchased. It is included as John Doe specimen information in the submitted policy.
(f) **Officer Signatures and Titles**
(g) **Website Address**

POLICY SCHEDULE – PAGE 3: The following information is bracketed on the schedule page. This information is personalized to the policy purchased. It is included as John Doe specimen information in the submitted policy.

2. (a) **Policy Number**
(b) **Insured**
(c) **Issue Age and Gender** - Issue ages are 0-90.
(d) **Owner**
(e) **Policy Date**
(f) **Issue Date**
(g) **Premium Class** - Premium classes are as follows:
 - Standard Tobacco
 - Preferred Tobacco
 - Standard Non Tobacco
 - Select Non Tobacco
 - Preferred Non Tobacco
 - Preferred Plus Non Tobacco
(h) **Mortality Table**
(i) **Maximum Attained Age for Reinstatement** - Range is 80-90

POLICY SCHEDULE – PAGE 3A: The following information is bracketed on the schedule page. This information is personalized to the policy purchased. It is included as John Doe specimen information in the submitted policy.

3. (a) **Amount of Benefit**
(b) **Duration of Premium Payments**
(c) **Annual Premium**
(d) **First Premium Payment Interval**
(e) **Modal Premium**
(f) **Cumulative Annual Premium**
(g) **Beginning On Date**
(h) **Total Annual Premium**

POLICY SCHEDULE – PAGE 3B: The following information is bracketed on the schedule page. This information is personalized to the policy purchased. It is included as John Doe specimen information in the submitted policy.

4. **Table of Policy Values**

Ameritas Life Insurance Corp.

Statement of Variability Policy 3015

POLICY COVER: The following information is bracketed on the policy cover:

1. (a) **Client Service Office Phone Number**
- (b) **Client Service Office Fax Number**
- (c) **Client Service Office Address**
- (d) **Insured**
This information is personalized to the policy purchased. It is included as John Doe specimen information in the submitted policy.
- (e) **Policy Number**
This information is personalized to the policy purchased. It is included as John Doe specimen information in the submitted policy.
- (f) **Officer Signatures and Titles**
- (g) **Website Address**

POLICY SCHEDULE – PAGE 3: The following information is bracketed on the schedule page. This information is personalized to the policy purchased. It is included as John Doe specimen information in the submitted policy.

2. (a) **Policy Number**
- (b) **Insured**
- (c) **Issue Age and Gender** - Issue ages are 0-90.
- (d) **Owner**
- (e) **Policy Date**
- (f) **Issue Date**
- (g) **Premium Class** - Premium classes are as follows:
 - Standard Tobacco
 - Preferred Tobacco
 - Standard Non Tobacco
 - Select Non Tobacco
 - Preferred Non Tobacco
 - Preferred Plus Non Tobacco
- (h) **Mortality Table**
- (i) **Maximum Loan Interest Rate** - Range is 2-8%
- (j) **Maximum Attained Age for Reinstatement** - Range is 80-90

POLICY SCHEDULE – PAGE 3A: The following information is bracketed on the schedule page. This information is personalized to the policy purchased. It is included as John Doe specimen information in the submitted policy.

3. (a) **Amount of Benefit**
- (b) **Duration of Premium Payments**
- (c) **Annual Premium**
- (d) **First Premium Payment Interval**
- (e) **Modal Premium**
- (f) **Cumulative Annual Premium**
- (g) **Beginning On Date**
- (h) **Total Annual Premium**

POLICY SCHEDULE – PAGE 3B: The following information is bracketed on the schedule page. This information is personalized to the policy purchased. It is included as John Doe specimen information in the submitted policy.

4. **Table of Policy Values**

Ameritas Life Insurance Corp.

Statement of Variability

Applications

The following is bracketed on all application pages. These items have been bracketed in the event they change in the future.

1. General Company Information

- (a) Client Service Office Address
- (b) Client Service Office Phone Number, Fax Number

Ameritas Life Insurance Corp.

Statement of Variability

Riders and Endorsements

The following is bracketed on all riders and endorsements. These items have been bracketed in the event they change in the future.

1. Officers Names and Titles

Ameritas Life Insurance Corp.			
State of Arkansas			
EXHIBIT A			
Previously Approved/Pending Forms To Be Used with Policy 3013, Policy 3015			
Form Number	Title of Form	Approval Date	State Tracking Number
BASE APPLICATION			
Our base application is in a modular format for use with all individual life products. Each component page is by topic and has its own unique form number. These pages are put together as one complete base application for completion by the applicant.			
UN 2550 PI-A	Application for Insurance - Personal Information	12/18/2007	37641
UN 2550 PI-B	Application for Insurance - Personal Information (Continued)	12/18/2007	37641
UN 2550 PD 11-10	Application for Insurance - Policy Details	Pending Under this Submission	
UN 2550 FI	Application for Insurance - Financial Information	12/18/2007	37641
UN 2550 LQ	Application for Insurance - Lifestyle Questionnaire	12/18/2007	37641
UN 2550 HQ	Application for Insurance - Health Questionnaire	12/18/2007	37641
UN 2550 AG	Application for Insurance - Agreement	12/18/2007	37641
SIMPLIFIED ISSUE APPLICATION			
Our simplified issue application is in a modular format for use with all individual life products. Each component page is by topic and has its own unique form number. These pages are put together as one complete simplified issue application for completion by the applicant.			
UN 92 PI	Simplified Issue Application - Personal Information	7/13/2009	42878
UN 92 PD 11-10	Simplified Issue Application - Policy Details	Pending Under this Submission	
UN 92 FI LHQ	Simplified Issue Application - Financial Information; Lifestyle and Health Questionnaire	7/13/2009	42878
UN 92 AG	Simplified Issue Application - Agreement	7/13/2009	42878
SHORT FORM LIFE APPLICATION			
Our short form life application is our simplified issue application and is in a modular format for use with our individual life products. Each component page is by topic and has its own unique form number. These pages are put together as one complete short form life application for completion by the applicant.			
UN 3100 11-10	Short Form Life Application	Pending Under this Submission	
UN 3100 AG 11-10	Short Form Life Application - Agreement	Pending Under this Submission	

Form Number	Title of Form	Approval Date	State Tracking Number
SUPPLEMENTAL APPLICATIONS			
UN 2852 A	Application for Conversion of Term Insurance	5/02/2007	35753
UN 1767	Application for Life Reinstatement	7/14/2008	39419
UN 1799	Application for Change of Coverage	7/14/2008	39419
UN 2597-1	Part II - Non-Medical	5/18/2009	42349
UN 2598	Part II - Medical	7/14/2008	39419
UN 2611	Application to Exercise Option to Purchase Additional Insurance	7/14/2008	39419
UN 2852 B	Application for Policy Change	7/14/2008	39419
AMENDMENT OF APPLICATIONS			
UN 0287 AB	Amendment of Application - Foreign Travel Questionnaire	2/19/2009	41592
AL 287 C	Amendment of Application (Misc., Alcohol, Asthma, etc.)	4/06/2007	35469
AL 262 B	Amendment of Application	4/06/2007	35469
AL 553-A	Amendment of Application	4/06/2007	35469
AL 1217-B	Pilots and Crew Members Aviation Amendment	4/06/2007	35469
AL 287 MS	Amendment of Application - Military Service	4/06/2007	35469
RIDERS/ENDORSEMENTS			
AABR01	Accelerated Benefit Rider for Terminal Illness	4/06/2007	35469
AL E-184	Conversion Endorsement	7/19/2007	36157
UN 1895	Restriction of Ownership Rights Endorsement	9/21/2010	46812
AABR01 Disc	Accelerated Benefits Rider for Terminal Illness Disclosure Statement	4/06/2007	35469